

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

No.	13		St.	Luke's	- Warren Campus	3	2012.	ĒB 19 ,	1173
			1						
Agencies Notified Type Notified	cation		Street	Address			- J.J.	EBIO	7.
☑ EPA ☐ Initial			185	Rosebe	erry Street		**	19/	M a
			City, S	State, Zip	Code	í	32		., <:
	nent # <u>001</u> ncy (including		Phi	llipsburg	g, NJ 08865		a L		
(NJAC 5:23-8) justificat		ď	Name	of Contac	at e		Telephone Num		3/16
☐ Cancella	ation		Tec	Ruhf					,
2"			FA	CILITY IN	NFORMATION	*			
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facility	(4)		-
St. Luke's Hospital - Warren C	ampus					School (K-12			
Street Address		3-2-10-10-10-10-10-10-10-10-10-10-10-10-10-			·		8 (Other than K-12 rivate and comme		ic.
185 Roseberrt Street						homes, etc.)		iciai bullulli	ъ,
City (5)	<del>* -       -   -   -   -   -   </del>	7				Square Feet	# of Floors	Bldg. A	ge
Phillipsburg, NJ						150000	5	60	
County (6)			Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)	
Warren					5.7		1 2		
Name of Monitoring Firm Hired by Bui	Iding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			
AET			0002	21		ronmental Sys			
Street Address					Street Address				
28 N. Pennell Road					550 East Unio	on Street			
City, State, Zip Code					City, State, Zip Co	ode			
Media, PA 19063					West Chester				
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	,	License No.		
Eric Housekenecht		I	3 <sup>7</sup>						
Eric Housekenecht		1 (8	00) 96	9-6238	610-701-9000		00508		
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	Scheduled C	omple	tion Da	te (11)	610-701-9000 Name of OSHA M AET		00508	1	
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Start Date (10)		comple 21 one) Abate y Hour	tion Da	te (11) 13	Name of OSHA M AET Street Address 28 N. Pennell	Road	00508	1	
Start Date (10)  02 / 21 / 13  Occupancy Status During Abatement  Facility Closed/Vacated During Ent  Abatement Performed Outside of N Time of Abatement:AM-9P  Scope of Work (Check all that apply)	/ (Check only of ire Period of lormal Facilit M/PM	comple 21 one) Abate y Hour	ment rs - Des	te (11) 13	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19	Road ode 063		1	
Start Date (10)  02 / 21 / 13  Occupancy Status During Abatement  ☐ Facility Closed/Vacated During Ent  ☐ Abatement Performed Outside of N  Time of Abatement:AM-9P  Scope of Work (Check all that apply)  ☐ ≥3 sf or ≥3 lf		comple 21 one) Abate y Hour -5AM	ment rs - Des	te (11) 13	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19	Road ode 063 ainment with Nector		1	
Start Date (10)  02 / 21 / 13  Occupancy Status During Abatement  Facility Closed/Vacated During Ent  Abatement Performed Outside of N Time of Abatement:AM-9P  Scope of Work (Check all that apply)		comple 21 one) Abate y Hour	ment rs - Des	te (11) 13	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19	Road ode 063 ainment with Neglosure procedure	gative Pressure	re	
Start Date (10)  02 / 21 / 13  Occupancy Status During Abatement  ☐ Facility Closed/Vacated During Ent  ☐ Abatement Performed Outside of N  Time of Abatement:AM-9P  Scope of Work (Check all that apply)  ☐ ≥3 sf or ≥3 lf		comple 21 one) Abate y Hour -5AM	ment rs - Des	te (11) 13	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19	Road ode 063 ainment with Neglosure procedure			ent Tvp
Start Date (10)  02 / 21 / 13  Occupancy Status During Abatement  ☐ Facility Closed/Vacated During Ent  ☐ Abatement Performed Outside of N  Time of Abatement:AM-9P  Scope of Work (Check all that apply)  ☐ ≥3 sf or ≥3 lf		comple 21 one) Abate y Hour -5AM enovati emolition	ment rs - Des	te (11) 13	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19	Road ode 063 ainment with Neclosure procedure mpted (*) and No	gative Pressure	Abatem	
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Start Date (10)  02  / 21  / 13  Occupancy Status During Abatement  Facility Closed/Vacated During Ent  Abatement Performed Outside of N Time of Abatement:AM-9P  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI TO BE ABATED	O2 / (Check only of ire Period of formal Facility M/PM	comple 21 one) Abate y Hour -5AM enovati emolition	ment rs - Des	te (11) 13 cribe	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19  Full Cont Glovebag Non-Exel  Description of estos Containing Maise, thermal systems in AET	Road ode 063 ainment with Neglosure procedure mpted (*) and No	n-Friable Procedur Amount (Specify	Abatem	
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Start Date (10)  02  / 21  / 13  Occupancy Status During Abatement  Facility Closed/Vacated During Ent  Abatement Performed Outside of N Time of Abatement:AM-9P  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility	O2 / (Check only of ire Period of formal Facility M/PM  Record Decords  Is Use Ma	comple 21 one) Abate y Hour -5AM enovati emolition Locat Norma ed Sole intena	ment rs - Des	te (11) 13 cribe	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19  Full Cont Mini-Encl Glovebag Non-Exer  Description of estos Containing Mate, thermal systems is surfacing, VAT,	Road ode 063 ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or	n-Friable Procedur Amount (Specify	Abatem	
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Start Date (10)  02  / 21  / 13  Occupancy Status During Abatement  Facility Closed/Vacated During Ent  Abatement Performed Outside of N Time of Abatement:AM-9P  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	O2 // (Check only cire Period of formal Facility M/PM  Recipion Definition    Is Use Macus Yes	comple 21 cone) Abatel y Hour-5AM enovati emolitic Locat Norma ed Sole intena (12) No	ment rs - Des	Asbe (i.e	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19  Full Cont Mini-Encl Glovebag Non-Exer  Description of estos Containing Mate, thermal systems is surfacing, VAT, other miscellaneous	Road ode 063 ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or	pative Pressure n-Friable Procedur Amount (Specify SF or LF)	Abatemore Repair	
Start Date (10)  02  / 21  / 13  Occupancy Status During Abatement  Facility Closed/Vacated During Ent  Abatement Performed Outside of N Time of Abatement:AM-9P  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)  Basement - Hallyway Area 1  Basment - Hallway Area 2	O2 / (Check only of ire Period of formal Facility M/PM  Re	comple 21 cone) Abately Hour-5AM enovation Locat Normal do Sole intenatodial (12) No	ment rs - Des	Asbe (i.e.	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19  Full Cont Mini-Encl Glovebag Non-Exer  Description of estos Containing Mare, thermal systems is surfacing, VAT, other miscellaned sulation	Road ode 063 ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or	pative Pressure n-Friable Procedur Amount (Specify SF or LF)	Abatemoval Repair	
Start Date (10)  02  / 21  / 13  Occupancy Status During Abatement  Facility Closed/Vacated During Ent  Abatement Performed Outside of N Time of Abatement:AM-9P  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)  Basement - Hallyway Area 1	O2 // (Check only cire Period of formal Facility M/PM  Re	comple 21 cone) Abatei y Hour-5AM enovati emolitic Locat Norma ed Sole intena (12) No	ment rs - Des	Asbe (i.e.	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19  Full Cont Mini-Encl Glovebag Non-Exer  Description of estos Containing Mates, thermal systems is surfacing, VAT, other miscellaneses	Road ode 063 ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or	Amount (Specify SF or LF)	Abatemoval Repair	Encapsulate
Start Date (10)	O2 // (Check only dire Period of Iormal Facilit M/PM  Re	comple 21 Dne) Abately Hour-5AM enovation of Sole intenatodial (12) No	ment rs - Des	Asbe (i.e	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19  Full Cont Mini-Encl Glovebag Non-Exer  Description of estos Containing Mates, thermal systems is surfacing, VAT, other miscellaneses	Road ode 063 ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or	Amount (Specify SF or LF)  90 LF 45 LF	Abatemoval Repair	Encapsulate
Start Date (10)  02  / 21  / 13  Occupancy Status During Abatement  Facility Closed/Vacated During Ent  Abatement Performed Outside of N Time of Abatement:AM-9P  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)  Basement - Hallyway Area 1  Basment - Hallway Area 2	O2 // (Check only cire Period of formal Facility M/PM  Re	comple 21 Dne) Abately Hour-5AM enovation of Sole intenatodial (12) No	ment rs - Des	Asbe (i.e.	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19  Full Cont Mini-Encl Glovebag Non-Exer  Description of estos Containing Mares, thermal systems is surfacing, VAT, other miscellaned sulation  sulation  Cubic Yards of Waste	Road ode 063 ainment with Neglosure procedure mpted (*) and No ferial (ACM) nsulation, or ous)	Amount (Specify SF or LF)  90 LF 45 LF 85 LF	Abatemoval Repair	Encapsulate
Start Date (10)	O2 // (Check only cire Period of formal Facility M/PM  Re	comple 21 Dne) Abately Hour-5AM enovation of Sole intenatodial (12) No	ment rs - Des	Asbe (i.e.	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19  Full Cont Mini-Encl Glovebag Non-Exer  Description of estos Containing Mate, thermal systems is surfacing, VAT, other miscellaned sulation  sulation  Cubic Yards of Waste 1	Road ode 063 ainment with Neglosure g Procedure mpted (*) and No ferrial (ACM) nsulation, or ous)  Name of Regis BFI Imperia	Amount (Specify SF or LF)  90 LF 45 LF 85 LF	Abatemoval Repair	Encapsulate
Start Date (10)	O2 // (Check only cire Period of formal Facility M/PM  Re	comple 21 Dne) Abately Hour-5AM enovation of Sole intenatodial (12) No	ment rs - Des	Asbe (i.e.	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19  Full Cont Mini-Encl Glovebag Non-Exer  Description of estos Containing Mares, thermal systems is surfacing, VAT, other miscellaned sulation  sulation  Cubic Yards of Waste	Road ode 063 ainment with Neglosure procedure mpted (*) and No ferrial (ACM) nsulation, or ous)	Amount (Specify SF or LF)  90 LF  45 LF  85 LF	Abatemoval Repair	Encapsulate
Start Date (10)  02  / 21  / 13  Occupancy Status During Abatement  Facility Closed/Vacated During Ent  Abatement Performed Outside of N Time of Abatement:AM-9P  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)  Basement - Hallyway Area 1  Basment - Hallway Area 2  Basement - Storage Area 3  Name of Registered Waste Hauler N.E.T.S.  City, State Hazelton, PA	O2 / (Check only cire Period of formal Facility M/PM  State	comple 21 Dne) Abately Hour-5AM enovation of Sole intenatodial (12) No	ment rs - Des	Asbe (i.e.	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19  Full Cont Mini-Encl Glovebag Non-Exet  Description of estos Containing Maident and systems is surfacing, VAT, other miscellaned sulation  sulation  Cubic Yards of Waste 1 Disposal Date TBD	Road  de  063  ainment with Neglosure g Procedure mpted (*) and No  ferial (ACM) nsulation, or pus)  Name of Regis BFI Imperia  City, State	Amount (Specify SF or LF)  90 LF  45 LF  85 LF	Abatemoval Repair	Encapsulate
Start Date (10)	O2 // (Check only cire Period of formal Facility M/PM  Re	comple 21 cone) Abatei y Hour-5AM conovati molitic Locat Norma d Sole intena todial : (12) No	ment rs - Des	Asbe (i.e.	Name of OSHA M AET  Street Address 28 N. Pennell City, State, Zip Co Media, PA 19  Full Cont Mini-Encl Glovebag Non-Exer  Description of estos Containing Mates, thermal systems is surfacing, VAT, other miscellaned sulation  sulation  Cubic Yards of Waste 1 Disposal Date	Road  de  063  ainment with Neglosure g Procedure mpted (*) and No  ferial (ACM) nsulation, or pus)  Name of Regis BFI Imperia  City, State	Amount (Specify SF or LF)  90 LF  45 LF  85 LF	Abatemoval Repair	Encapsulate

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Nam	e of Buildin	g Owner/Operator (	2)	w . 11 ,			44	- A
01 /	31 / _	13		St	Luke's	- Warren Campu	s 2013 FED	19 PM 2:06	5			-
Agencies Notified	Type Notificat	tion		Stree	t Address			19 n.		200		
1 2	Initial			18	5 Rosebe	erry Street		PM 2. ~				
☑ DOLWD	☐ Amended			U. Santa	State, Zip		Co 1	7.1.6	1		i	****
☑ DHSS	Amendme	nt #	_				~ 4/6/	108 L				
☐ DCA	☐ Emergence		ng			g, NJ 08865	. **/	Eller Hiller				L
(NJAC 5:23-8)	justification	1.00		III III GOMES	e of Contac	ct		Telephone Num	ber			
	☐ Cancellation	on		Te	d Ruhf			_	<b>-</b>			
				FA	CILITY II	NFORMATION		•				
Name of Facility Where Ab		100	e (3)				Type of Facility (	4)			5200-533	
St. Luke's Hospital -	Warren Car	mpus					School (K-12)					
Street Address				1				(Other than K-12		.11.41		
185 Roseberrt Street	t						Other (i.e., pr homes, etc.)	ivate and comme	rciai di	ıllalıng	js,	
City (5)	P.						Square Feet	# of Floors	T DI	dg. A	20	
Phillipsburg, NJ							150000	5	- 1	ag. A 60	ge	
				10-	-4-0-1-0	7\/07475    05 04   \0				00		
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	sned)			
Warren	lised by Duildi		- (0)	I A CON	IN-	I Name of Abote	10.1.1.10		00			
Name of Monitoring Firm F	nirea by Bullai	ing Owne	(8)	ASCN			ent Contractor (9)					
AET				000	21		ironmental Sys	tems			500	
Street Address 28 N. Pennell Road						Street Address	am Chuach					
						550 East Uni						2
City, State, Zip Code Media, PA 19063						City, State, Zip Co West Cheste						
Project Manager for Monito	oring Firm		To	lephone	No	Telephone No.	I, FA 129302	License No.				
Eric Housekenecht	omig i min		10000		69-6238	610-701-9000	10	00508				
Start Date (10)	Iso	cheduled				Name of OSHA M		00300				
02/14/_					13	AET	ionitor ,			3		
Occupancy Status During	Abatement (C	heck only	one)		(IL 5, (18)	Street Address						
☐ Facility Closed/Vacated						28 N. Pennell	Road					
Abatement Performed 0					scribe	City, State, Zip Co	ode					
Time of Abatement:	AM- <u>9</u> PM/	/PI	/1- <u>5</u> AN	Л		Media, PA 19						
Scope of Work (Check all t	hat apply)											S-Avre
M > 2 of or > 2 lf		M	enova	tion			ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf     ⇒160 sf or >260 lf		-	enova			☐ Mini-Enc	osure Procedure					
			Omon				mpted (*) and Non	-Friable Procedu	re			
			s Loc	ation					Ab	atem	ent T	vpe
Location o	f	10000	Norm		1	Description of	f		-			T
Asbestos-Containing M	aterial (ACM)			lely by		stos Containing Ma	terial (ACM)	Amount	len	Repair	ä	l in
TO BE ABAT		F 500000		ance/	(i.e	e., thermal systems		(Specify	Remova	읔	g	Enclosure
IN Facility (13)		"	(12		1	surfacing, VAT, other miscellane		SF or LF)	<u> </u>		Encapsulate	re
(13)		Yes				outer miscentarie	ous				र्न	
Basement - Hallyway A	lres 1				Pine In	sulation		90 LF		П	П	
			-							-		
Basment - Hallway Are			10		-	sulation		45 LF		Ш	Ш	Ш
Basement - Storage Ar	rea 3				Pipe In	sulation		85 LF				
						•						
Name of Registered Waste	Hauler		- 1	NJDEP		Cubic Yards of	Name of Regist	4m27				
N.E.T.S.				Hauler I 1894		Waste 1	BFI Imperia	l e				
City, State				.00-7		Disposal Date	City, State	1000				
Hazelton, PA						TBD	Imperial, PA	<b>A</b> .		1	1	
Completed By (Print or Typ	e) I	Title				Signatur#	//	Da	ite /	/	1	
John Heemer	3	Estima	ator		*		Vin		1/2	3/	13	?
ASB-41			-	- 100			fire		1	1/1		
MAY 11		* Do no	t use i	this form	for asbest	tos licensuje exemp	ted activities.		/	6		

**MAY 11** 

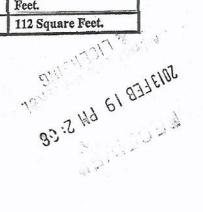


## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

ate of Notification (1) 2/13/2012		Nam	e of Buil	ding Owner/0 HANGE J	Operator C, LLC	(2) <b>2</b> ¶	350		e pro-				
gencies Notified Type Notification		Stree 141	et Addre 0 CON	ss /IMON OA	KS DRI	VE	JEB.	19 PM 2:	<del>CA</del>				4
DEP Initial Amended Amendment #	2	City,	State, Z LEIGH	ip Code , NC 2761	4		¿L/m		5,				4
Emergency (ir justification)	ncluding	Ch		er Brenne				Telenhoné N				- 14-	
		F	ACILITY	INFORMA	ION	Type of F	acility (4)			-			
lame of Facility Where Abatement is Taking HYATT BUILDING Street Address	Place (3)					Scho	ool (K-12) chapter 8 er (i.e. pri		(-12) ercial b	ouilding	gs, ho	mes,	
1 EXCHANGE PLACE						Square F		# of Floors		Bldg	. Age		
City (5) JERSEY CITY		_				Current	Ice (Prior	if being demo	olished	<u> </u>			-
County (6) HUDSON	7)	(ST	unty Coc	de (7) EONLY)		COMM	ERCIA						
Name of Monitoring Firm Hired by Building C ENVIROVISION	Owner (8)		ASCM N	0.	KIE		KI COF	RPORATIO	N		16		
Street Address					Stree 235	et Address WATCH	UNG A	VE					_
20-21 WAGARAW RD City, State, Zip Code					City,	State, Zip (	ode NGE No	07052					
FAIRLAWN NJ 07410 Project Manager for Monitoring Firm			elephone			phone No. 3-243-987	2	Licen: 0117	se No.				
WILLIAM MORALES Start Date (10)	Scheduled	Comp	AND THE STATE OF		Nor	o of OSHA	Monitor	RATORIE	S GL	OBA			
12/17/2012 Occupancy Status During Abatement (Che	02/28/20 ck Only One			*	Stre	et Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of Al	bateme	nt		City	12 W. CA , State, Zip CHMONE	Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	R R	enovati emolitic	on on			Mini-	Enclosur			le Prod	edure	e	
	Т.							V.			Abate Ty	ment pe	Ø
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Location Normally of Solel intenant todial S (12)	y by ice/	(i.e. the	rmal syst	tion of ng Material ems insulat VAT, or ellaneous)	(ACM) ion,	Amoun (Specif SF or Li	·y	Removal	Repair	Encapsulate	
6 8 9 9 9 9	Yes	No	N/A	Elec	r Tiles	and Mast	ic	240s	f	x			+
Main Building- Ban Vault			X	FIOC	Floor			100s		x			1
Bank Side- Basement	r.		X			sulation		45lf	-	x			1
Basement across bank vault		-	X			Mastic		275s	sf -	x			1
1st Floor Hallway	11 1	L,	JDEP V		Cubic Yar		Name o	of Registered	Landfi	11			
Name of Registered Waste Hauler CIRCLE RUBBISH	n Engl	H	lauler ID 8816	No.	of Waste		TULL'	YTOWN RI	ESO	JRCE	E FA	CILI	Τ'
City, State LINDEN NJ						aturo	MOR	ISVILLE PA		ate			_
Completed by SLAWOMIR KIELCZEWSKI	Title	ESIDE	NT.		Sigi	Kiel	newsla	1	C	2/14	/201	3	17

Location – Main Building	Material	Approx. Quantity of ACM
Basement 3, Boiler Room - Boiler left of center "Betsy" boiler.	(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler.	1,900 Square Feet.
Basement 3, Boiler Room - On top of boiler left of center "Betsy" boiler.	Grey boiler insulation (cylindrical top on top of large left boiler).	
Basement 3, Boiler Room - Behind boiler left of center "Betsy" boiler.	White (top layer) and grey (bottom layer) duct insulation.	900 Square Feet (3" Thick).
Basement 3, Boiler Room - Center "Betsy" and boiler right of "Betsy".	(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler.	7 000 0
Basement 3, Boiler Room - On top of boiler left of center "Betsy" boiler.	Grey / brown boiler & wrap insulation (cylindrical top on top of middle "Betsy" & right boiler).	3,800 Square Feet.
Basement 3, Boiler Room - Behind center "Betsy" and boiler on right side.	White (top layer) and grey (bottom layer) duct insulation.	1,800 Square Feet (3" Thick).
Basement 3, Boiler Room - Above all boilers.	Grey / White Elbow Insulation.	40 Large / Small Elbows,
Basement 3, Boiler Room - Above all boilers.	Grey Pipe Wrap Insulation.	2,865 Linear Feet.
Basement 3, Boiler Room - Above all boilers.	White / Grey Ceiling Insulation.	2,400 Square Feet.
Basement 3, Boiler Room, next to entrance.	White hot-water-tank (cylinder) wrap insulation.	150 Square Feet.
Basement 3, Main Center Room w/ freight elevator.	White boiler insulation (small boiler).	180 Square Feet.
Basement 3, Main Center Room w/ freight elevator.	Green, Red & Grey/White Pipe Insulation & Elbow Insulation.	540 Linear Feet & 98 Elbows.
Basement 3, Room Right of Electrical Room.	White / Grey Pipe Insulation.	160 Linear Feet.
Sub-Basement, Telephone Equipment Room.	Grey Duct Insulation.	40 Square Feet.
Sub-Basement, Telephone Equipment Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	415 Linear Feet & 50 Elbows.
Small Room, off of stairwell, left of Telephone Equipment Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	65 Linear Feet & 7 Elbows.
Basement, Electrical Room, Room B1, Electrical Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	60 Linear Feet & 10 Elbows.
Basement, Electrical Panel Room.	Off-White Pipe Insulation.	45 Linear Feet & 2 Elbows.
Basement, Electrical Panel Room. Basement, Meter Room (water	Black Electrical Panels.  White / Grey Pipe Insulation & White /	25 Square Feet. 80 Linear Feet &
room).	Grey Elbow Insulation. Grey Air-O-Cell Pipe Insulation (inside	12 Elbows. 300 Linear Feet &
Basement, Vent Room.	debris, inside vent itself) & ceiling.  White duct vent lining (assume interior	65 Elbows. 400 – 500 Square
Basement, Vent Room (exterior lining).	also),	Feet.  112 Square Feet.
Upper Basement Hallway, small room.	Grey Duct Insulation.	112 Square recu

<sup>1</sup> EXCHANGE PLACE, JERSEY CITY, NJ



B & G proj. #:

2013-36

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Check # 5778

Date of Notification	1(1)	I I Name (	of Building Ow	ner/Op	erator (2)		2012		Pi 2: 6	,	9			
10 12 1/11 15		1 1	te of Marga				SIFE	819	D1					
Agencies Notified	Type Notification							, the	.115:0	R (				
☐ EPA	Initial	866	Prince Stre	eet			the 1 in		-					
DEP DOL	☐ Amendme		ate, Zip Code neck, NJ 0			_			116 101		18/19/201			
		11 .00	f Contact		-		,		Telephone	Number				_
☑ DOH	☐ Cancellation	n	gene Baryla	а					_		•			
		!==	FA	CILITY	INFORMA	TION					1000			
Name of facility w	rhere abatement is t	aking place (3	)				16	Тур	e of Facility (	4)   (K - 12)				
	rgaret Prisendo								Subch	apter 8 (O			12)	
Street Address				-						Private/Co		cial		
866 Prince S	Street				ÿ.			Squ	uare Feet	# of Floor	S	Bld	g. Ag	e
City (5)		County (6)					nty Code (7) te use only)	- C	rrent Use (P	rior if bein	demo	olishe	d)	
Teaneck, N.	J 07666	Bergen				(Ola		re	sidential	101 11 00				
Name of Monitori	ing Firm Hired by Blo	ig. Owner (8)		AS	CM No.	$\neg$	Name of Abatement							
	N/A	-				_	B & G Restora Street Address	tion, I	nc.		-			
Street Address							105 Ryerson I	Road						
City, State, Zip Co	ode					-	City, State, Zip Code		7005			***************************************		
Ony, Otalo, E.P.		AND A SECURIT DEMAND.					Lincoln Park,	, NJ 0	7035	License	Mumb	or.		
Project Manager f	or Monitoring Firm		Phone Nu	mber			Telephone Number (973)696-686			The state of the s	378	-		
Scheduled Start D	Note (10)	ISched Cor	npletion Date	(11)		-	Name of OSHA Mon		Inc					
03/01/2013		03/02/2		Podlo i i i o di i			B & G Restora	ation,	IIIC.			-		
	s During Abatement					-	105 Ryerson F	Road						
Facility clos	ed/vacated during e performed outside of	ntire period of	abatement.				City, State, Zip Code							
Describe: Other-Desc	eribe:					-1	LincolnPark, N	NJ 07	035					_
Scope of Work (	check all that apply)	Renovation				50000	Full Containment w/n	egative	pressure	Glove	bag pr			
>3 sf or >3		160 sf or ≥260 Is location nor		olely							TR	R	E	E
Location of asbestos-c	ontaining	by maintenan	ce/custodial	,,,,,	Description	on of	asbestos-containing		Amount (Specify	SE or	e m	e p	n	n
material to abated in fa	be	staff(12)	N. I M	_	material (				LF)	31 01	o v	a i	a p	L
abated in it	actinty (13)	Yes	No N//					-	040 15		e	r	in i	+
basement			X	р	ipe insula	ation			210 lf		情	片	H	怙
				4-				-	Q					
				=										旦
						-								
Registered Waste B & G Restor	Hauler	NJDEP H	lauler ID#		Yards of V yards	Vaste	Name of Registere Tullytow	n Res	dfill source & R	ecovery	Cen	ter		À
City, State			Dispos	al Date			City, State Tullytown	n, PA	e e					
Lincoln Park Completed by (P	rint or Type)	Title			ignature		Gordana Luna		-16	Date	/15/2	013		
Gordana Lur	na	Secretary/T	reasurer				zoraana Luna	8			11012	010		

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

#1	2013-37		(Pursu	ant to N	VJAC 8:6	0-7 and	12	(120-77)		Check #	5777			=		
B & G proj. #:			f Building O	wper/On	erator (2)		2	P013FEB 19	- + p	40						
Date of Notification					Grator (=)			EB 19	PM							•
10 12 1/11 15	J/1 <u>113</u>		s Naugh	(OH			-		17	Z: 08						
Agencies Notified	Type Notification	Street A		VORUE				6-11	111					_		-
☐ EPA	X Initial	11	armita A					- LIV.	MG	$L \in \mathcal{U}$						
☐ DEP		City, St	ate, Zip Coo herford, N	de J.I. 0707	71			1					_			-
X DOL	Amendment Amendment	11		40 07 0.			-			Telephone	e Numbe	er .				
X DOH	Hatian	11	of Contact									_		_		=
☐ DCA	Cancellation	Ste	eve/ServP													_
				FACILITY	Y INFORMA	ATION		— П	Type o	f Facility (	(4)					
	here abatement is tak	ing place (3	3)						" [	School	1 (K - 12			(12)		
					25.0					Subch	apter 8	(Other	than r	-12)		
James Naug	hton									Other Bldas	(Private/ /Homes	, etc.				_
Street Address									Squa	re Feet	# of Flo	oors	E	ldg. A	Age	
78 Carmita	Avenue					County	, Co	nde (7)	100				يك	- 1	_	_
City (5)		County (	5)			(State	use	only)	Curr	ent Use (I	Prior if be	eing de	molis	ned)		
00150E 1808	07074	Berge	n			1	-			dential						=
Rutherford	, NJ 07071	1		1	ASCM No.	IN		e of Abatement								
Name of Monito	ring Firm Hired by Bld N/A	g. Owner (c	·/				В	& G Restorat	ion, In	c.						
	INA					S	Stree	<sub>et Address</sub> 05 Ryerson F	Road				00			
Street Address								State, Zip Code								
===1 7=1	Toda .						ity, I	Lincoln Park,	NJ 07	035						_
City, State, Zip (	20de		1				Tole	phone Number	HOOLENS TO SEE		Lice	nse Nu				
Project Manage	r for Monitoring Firm		Phone	e Numbe	Γ	- 11		(973)696-686				003	0	_		=
Project Manage							Nan	me of OSHA Mo	nitor	20						
Scheduled Star	t Date (10)	Sched. C	Completion	Date (11)	)	11		& G Restora	tion, i	110.						and an an annual services.
02/27/20		03/01	/2013				Stre	eet Address 105 Ryerson	Road							
	tue During Abatement	(Check onl	y one)					y, State, Zip Cod								
				ent.												
☐ Abateme	ent performed outside t	of normal fa	cility hours-				ı	LincolnPark,	NJ 07	035				_		=
Describe	escribe:						_							2000		
Scope of Wor	rk (check all that apply	)				ПЕ	=ull (	Containment w/	negative	e pressure		Sloveb	ag pro	cedu	e	
☐ Demolit	ion	Renovation				-		i-enclosure		and all the visits to the visits and visits.		Non-fri			_	
<b>X</b> > <u>3</u> sf or	> <u>3</u> If	≥160 sf or ≥	260 lf	- Indian					T				e	R e	E n	E
Locatio		Is location	normally us nance/custo	sed solei odial	Desc	rintion of a	asbe	estos-containing		Amou (Spec	unt cify SF o	ır	m o	p a	c	0
asbesto	os-containing	staff(12)		т—	- mate	rial (ACM)	)			LF)	3050		v	i	p	1
materia	in facility (13)	Yes	No	N/A							•		e X	H		10
	16 15			X	VAT	& mastic	С			785.9	Sf		情			
living room	n, kitchen, dining															
room, 2 be	edrms & hallways															坦
							_									JL
					Cubic Yard	s of Wast	te T	Name of Regist	ered La	ndfill	0.0	01/05	Cen	ter		
Registered V	Vaste Hauler	NJD	EP Hauler 1 19563	ID#	10 yd			Tullyto	wn Re	esource	& Rec	overy	Cel	CI	-	_
B&GRe	estoration, Inc.	_	19000	Disposa	Date			City, State Tullyton	wn PA	4		N.	VV - 1 - 1000 -		A I	,
City, State	Park NI				3/01/201							Date				
Lincoln F		Title			Signati	ure	9	Gordana Lu	na			02	2/15/2	2013	5	
Completed Gordana	by (Print or Type) a Luna	Secreta	ary/Treas	urer												

F & G proj. #:

2013-35

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Check # 5776

Date of Notification (1)	I I Namo	of Building	Owner	Operator (2)		2013 500	3 4	m 6.7					
0 12 1/115 1/113		athan & I				2013 FEB 1	9 PM.	). <b>-</b>					
Agencies Notified   Type Notification	re-core to a market	Address			e.	2 5 7 1 7 1 2 1		60					,
EPA Initial	10.000000000000000000000000000000000000	Somerset	Aveni	ıe		& 111 S	A. H. T.	Far.					
☐ DEP	City, S	State, Zip C	ode				WING	· UL					
DOL Amendme	ent   Be	ernardsvill	e, NJ	07924					Nbar				
DOH	Name	of Contact					1	elephoi	ne Number	_			
DCA Cancellati	on    Jo	onathan &	Mere	dith Panik				<u> </u>		_			
	U_=		FACIL	ITY INFORMA	TION								
Name of facility where abatement is	taking place (	(3)			-		Type of	Facility	(4) ol (K - 12)				
	minig place	,					-		hapter 8 (O	ther th	an K-	12)	
Jonathan & Meredith Panik						<del></del>			(Private/C			,	
Street Address								Bldgs	./Homes, e	tc.		g. Ag	
3 Somerset Avenue							Square	Feet	# of Floor	s	Diu	g. ng	
City (5)	County (	6)				nty Code (7) te use only)	Curren	nt Use (	Prior if bein	g dem	olishe	d)	_
Bernardsville, NJ 07924	Some	rset			(	100000000000000000000000000000000000000	resid	ential			-		
Name of Monitoring Firm Hired by B	ldg. Owner (8	3)	-	ASCM No.		Name of Abatemen	t Contracto	or (9)				+	
N/A						B & G Restora	ation, Inc.					_	
Street Address						Street Address 105 Ryerson	Road						
					-	City, State, Zip Cod							
City, State, Zip Code						Lincoln Park		35		_ 2			
Project Manager for Monitoring Firm		Phone	Numbe	er		Telephone Number			License		er		
Project Manager for Montening						(973)696-68				0378			_
Scheduled Start Date (10)	Sched. C	ompletion D	ate (11	)		Name of OSHA Mo							
02/25/2013	02/25/	2013				Street Address							
Occupancy Status During Abatemen	t (Check only	one)				105 Ryerson	Road						
Facility closed/vacated during	entire period	of abatemen	nt.		-	City, State, Zip Coo	de						
Abatement performed outside Describe:	of normal fac	ility hours-			_	LincolnPark,	NJ 0703	5					
Other-Describe:													=
Scope of Work (check all that apply					П	Full Containment w/r	negative pre	essure	<b>✗</b> Glove	bag pr	ocedu	ire	
☐ Demolition 🔀	Renovation					Mini-enclosure	3			friable			
	≥160 sf or ≥2		d solely	/	<u> </u>					R	R	E	E
Location of asbestos-containing	by maintena	nce/custod	ial		on of	asbestos-containing		Amount (Specify		m	e p	n	n
material to be	staff(12)	Т		material (				LF)	7 SF 01	o v	a	a p	L
abated in facility (13)	Yes	No	N/A					10.15		e	-	-	$\vdash$
basement			×	pipe insul	atio	1	11	10 lf		붐	H	片	片
			2.00							怈	一	一	盲
					-								
						2 10 10 10 10 10							
Registered Waste Hauler		Hauler ID#		ubic Yards of V	Vaste	Name of Register	red Landfill vn Resou	rce &	Recoven	/ Cen	ter	1	
B & G Restoration, Inc.	19	1563	sposal I	1 1/2 yds Date		City, State						T.	
City, State Lincoln Park, NJ			02	/26/2013		Tullytow	n, PA		7-				
Completed by (Print or Type) Gordana Luna	Title Secretary	/Treasure	r	Signature		Gordana Lund	2		Date 02	2/15/2	013		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

M2040	МС			OF ASBE NJAC 8					Man On					
Date of Notification (1) 02/13/13		N	ame of E	Building C	wner/Op SEY UR	erator RBAN	(2) RENE	wal li	FER.		20	,		
Agencies Notified Type Notification		S	treet Add	dress 34TH S				14.	19 F	M 2				-
DEP Amended Amendment#				e, Zip Coo ORK N		0		e /	10/1/1/1	9 /4.	· (°&	,		
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	cluding	10000	ame of 0						Tolonhara k	-04	t.			
			FACIL	ITY INFO	RMATIO	N								_
Name of Facility Where Abatement is Taking MARKET HALSEY BUILDING	Place (3)				June 1		П sa	Facility (4)		′.12\				
Street Address 165 HALSEY STREET							× Or et	ther (i.e. pr c.)	ivate & comme	ercial I				s,
City (5) NEWARK								Per Fl.	# of Floors 16		80	ig. Aq	je	
County (6) ESSEX			County C	ode (7) SE ONLY)		_		t Use (Prio CE BUIL	r if being demo DING	lished	l)			
Name of Monitoring Firm Hired by Building O RK ENVIRONMENTAL INC	wner (8)	!	ASCM 0090	No.		Name Bake	of Abate Const	ement Cont truction &	ractor (9) & Restoratio	n Inc	).			
Street Address 401 ST JAMES AVENUE							Address Route	46 Suite	3D					
City, State, Zip Code PHILLIPSBURG NJ 08865							State, Zip wa NJ				a drawler -			
Project Manager for Monitoring Firm JON GILBERT		11/1/17 (04)	elephon	e No. 4 6316			hone No 256 70		Licens 00666	-				
Start Date (10)	Schedule 02/24/1		pletion D	Date (11)				A Monitor truction &	Restoratio	n Ind	).			
Occupancy Status During Abatement (Check	Only On	e)					Address	s 46 Suite	3D					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: FRI: 5PM-12AM/SAT	al Facility	Hours		М	_	City, S	State, Zip						-	
Scope of Work (Check All That Apply)											TERM			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enova emoliti					X Mini	-Enclosure					е	
	T	Locati	1									Abate	ment	
Location of	l N	Iomal	у		Des	scriptio	n of			-		Ty	pe	Ι
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	Asbes (i.e.		systen	ns insula	(ACM) tion,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
44th Floor Hollway	1.00	X	-			TSI			180 LF		Х			
14th Floor Hallway		^												
				184										_
Name of Registered Waste Hauler			JDEP W	/aste	Cubic	Yards		Name of	Registered Lar	ndfill				
Bako Construction & Restoration In	о.	1	lauler ID 0889		of Was			G.R.O.	W.S Inc					
City, State Totowa NJ					02/25			City, Stat Morrisv	ille PA					
Completed by Goran Kojic	Title	ect Ma	anager		S	Signatu	re K	with	9	Date 02/	e 13/1	13		

0/222

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

V			,	**************************************					50	* 4	4	
Date of Notification (1)			N			wner/Operator (2	)		EB 1	)	4-	
	06 / 12	_	25		10407 8079	neer District		7,3	٠,٠	PL	,	$\dashv$
Agencies Notified	Type Notification  ☑ Initial	•	S	Street Ad 600 Di	ldress r. Martin	Luthet King Pl	. (P.O. Box59)	¢ 4/,	FEB 19	17	2:	ેંદ
⊠ EPA □ DEP	☐ Amended		C		e, Zip Cod				5400		il.	
DCA (NJAC 5:16)	Amendment #_				ville, KY		7-		- "	6'	91	
☑ DHSS ☐ DCA	☐ Emergency (in justification)	Guaing	1	Name of	Contact	No.		Telephone Numb	ber			
(NJAC 5:23-8)	Cancellation			Patric	k J. Dug	gins						
						ORMATION						
Name of Facility Where A	Shatement is Taking	n Place (3	3)				Type of Facility (	4)				
FFR - Caven Point		9 , 1.000 (1					School (K-12	)	, ,			
Street Address	OUAITO						Subchapter 8	(Other than K-12 ivate & commerci	ial buildin	ıgs,		
Corner Caven Poin	t Rd & Chapel A	ve.					homes, etc.)					
	tra a onapor		-				Square Feet	# of Floors		g. Age		
City (5)							40,000	2		nkno	wn	_
Jersey City, NJ				County	Code (7)(S	STATE USE ONLY)	Current Use (Pr	ior if being demoli	ished)			
County (6)							Vacant	F3				
Hudson Name of Monitoring Firm	Hired by Building	Owner (8	) [	ASCM N	0.	Name of Abatem	ent Contractor (9)	200 300				
400 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ring & Envi	ronmen	1	00099		SMAC Corp.			12.000			
	ing & Livi					Street Address						
Street Address 619 River Drive Ce	inter 1 sor					27 EAST 33 <sup>R</sup>	D STREET					
	1 301					City, State, Zip C	ode					
City, State, Zip Code Elmwood Park, NJ	07407					PATERSON						_
Project Manager for Mo			Tele	phone N	lo.	Telephone No.	-	License No.				
. (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	intolling I illii			1-398-4		973-345-405	5	01110				
Vijay Patel	Sche	eduled Co	NOW			Name of OSHA		*				
Start Date (10) 09 / 17	The second secon	11 /				EMSL ANAL	YTICAL, INC		(0.00			
						Street Address	***				-	
Occupancy Status Durin  ☑ Facility Closed/Vaca	ng Abatement (Che	Period of 4	hate	ment		1056 SHELT	ON AVE				1.50	
☐ Abatement Performe	ed Outside of Norm	al Facility	Hou	rs - Desc	cribe	City, State, Zip C						12
Time of Abatement:	AM	PM/	_PM-		MA		AY NJ 08854		100			
			1994 192									
Scope of Work (Check	ali tilat appiy)						ntainment with Ne	egative Pressure				
☐ ≥3 sf or ≥3 lf		⊠ Re □ De	novat moliti	on		M Gloveh	an Procedure	60, 50 / 2 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	•			
⊠ ≥160 sf or ≥260 lf		□ Бе	HOMU	JII		⊠ Non-Ex	cempted (*) and N	Ion-Friable Proced	gure	-	ont T	VDC
		1	Loca						Ab	atem	ent i	ype
Location	on of		Norma	ally lely by	100000000000000000000000000000000000000	Description	of	Amount	Re	Repair	Enc	FIL
Asbestos-Containin	g Material (ACM)	Ma	inten	ance/	(i.e. ther	stos Containing N	ulation, surfacing,	(Specify	Remova	pair	Encapsulate	Enclosure
TO BE A		Cus		Staff?	(	VAT, or		SF or LF)	/al		ula	e d
(13		-	(12)			other miscellar	neous)				6	
7 2 2		Yes	No	N/A		1.						E
See Attached	in the second se				114					片	믐	
	171-1						12 = 12			1		-
								Terres Strait				
0 0 0	1	7	1		-							E
					1	To bis Manda of	Name of Pa	gistered Landfill				1
Name of Registered V	/aste Hauler			NJDEP Hauler I		Cubic Yards of Waste	Grows L					
SMAC Corp				1859		80 Yards		.c.raiiii				
City, State	with the second	-15 . 1	1 47			Disposal Date	City, State	Uo DA				
27 E 33rd Street,	Paterson, NJ - 0	07514				11/02/2012	Morrisvi	ile, PA	Date	_		
Completed By (Print of		Title		107		Signature			Date			
Borce Gjorsoski		Presid	lent				F		J.		-	

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

		NC	OTIFI (I	Purst	ON OI	NJAC 8	STOS ABATEN 8:60 and 5:16)			201.	790			7.
te of Notification (1)		-					wner/Operator (2	2)		CUIJFFR .		Name of Local		
	12 / 13	3		ι	J.S Arı	my Engi	neer District		3.	2013 FEB 19	PM	, ,		
	Type Notification			Str	eet Add	iress				1.00	. <	. 6.8	3	
30110100 1101111		34		6	600 Dr	. Martin	Luthet King P	I. (P.C	). Box59)	& 1/62/YS	95 4		_	$\dashv$
	☐ Initial  ☐ Amended					, Zip Coo					4/3/1	£1.		
DOA_(NJAC 5:16)	Amendment #	# <u>2</u>				ille, KY								
DHSS	☐ Emergency (i	includir	ng	- 1		Contact	3.7700		To	elephone Numbe	r			
DCA (NJAC 5:23-8)	justification)  Cancellation			10000		k J. Dug	ains							
(NJAC 3.20-0)				18 5			ORMATION							
		-		1 75 75	FACIL	II Y INF	ORMATION	Type	of Facility (4)					
ame of Facility Where A	batement is Takir	ng Plac	ce (3)		W.,			П	chool (K-12)					
FFR - Caven Point l	JSARC								bahantar 8 (C	Other than K-12)	و مانادان و			
treet Address								⊠ o	ther (i.e., priva	ate & commercial	bullaing	js,		
Corner Caven Point	Rd & Chapel	Ave.	11						omes, etc.) are Feet	# of Floors	Bldg.	Age		
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County (6)		-1	- 32		County	Code (7)(	STATE USE ONLY)	100000000000000000000000000000000000000		il being demone.				
Hudson								10000	acant		1			_
lame of Monitoring Firm	Hired by Building	g Owne	er (8)	AS	SCM No	).	Name of Abatem		ontractor (9)					
Langan Engineerin	a & Environm	. Serv	ices		00099	1	SMAC Corp.				_		-	-
	9		_				Street Address		3. 3.					
Street Address	ntor 1 cor						27 EAST 33	RD ST	REET					
619 River Drive Ce	iller i soi						City, State, Zip C	Code						
City, State, Zip Code	07407					¥	PATERSON		7514				60 - 63Y	
Elmwood Park, NJ			- 13	Tolon	hone N	0	Telephone No.			License No.				
Project Manager for Mor	nitoring Firm				1-398-4	PARTY DATE: 1	973-345-405	55		01110				
Vijay Patel			10			MATERIAL STATES	Name of OSHA		or					
Start Date (10) 02 / 20 /					on Date /_		EMSL ANAI	LYTIC						
Occupancy Status Durin	ng Abatement (Ch	heck or	nly on	e)			Street Address 1056 SHEL		AVE					
<ul> <li>☑ Facility Closed/Vaca</li> <li>☑ Abatement Performe</li> </ul>	ted During Entire	Period	d of A acility	batem Hours	nent s - Desc	ribe	City, State, Zip	100						
Time of Abatement:	AM	_PM/_		PM-	^	M	PISCATAW		J 08854					
Scope of Work (Check	all that apply)						⊠ Full Co	ontainr	nent with Neg	ative Pressure				
		×	Ren	ovatio	on		Mini-E	nclosu	ire					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Ē		nolitio			⊠ Glovel	bag Pr	ocedure ed (*) and Nor	n-Friable Procedu	ıre			
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Locatio	on of	,	Use	d Sole	ly by	Asbe	octoe Containing	Materi	al (ACM)	Amount	Remova	Repair	Encapsulate	Eliciosula
Asbestos-Containin TO BE A	ig Materiai (ACIVI) B∆TED	,		ntena		(i.e., the	ermal systems ins	sulation	n, surfacing,	(Specify SF or LF)	ova	¥	psu	)Sui
IN Fac			Cust	(12)	Staff?		VAT, o other miscella		s)	0. 0 ,	-		late	q
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	Vacto Hauler		-	1	NJDEP		Cubic Yards o	of		stered Landfill				
				1	Hauler I		Waste 80 Yards		Grows La	ndfill				
Name of Registered V	vaste i ladioi				1859	U	Disposal Date	9	City, State					
Name of Registered V	vaste Hadioi				1.19		Disposal Date							
SMAC Corp City, State		- 075	14				05/20/201	Sec. 1	Morrisvill		Dete			
SMAC Corp	Paterson, NJ	- 075						3	200		Date	1.0	10-	_

PM 2: 68 Is Location Abatement 2013 Mormally 3 Type Description of Location of Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) (Specify Maintenance/ (i.e. thermal systems insulation, surfacing, TO BE ABATED Encapsulate Custodial Staff? SF or LF) VAT, or Removal Repair In Facility (12)-10other miscellaneous) (13)Yes No N/A **BUILDING 115** Throughout, associated with the X X 95LF Pipe Fitting Insulation 1 heating systems X Х lx. 6,000 SF Floor Tile Mastic X 2 Throughout 60 LF Window Caulking 3 2nd Floor, Stairs (south) **BUILDING 115A** XX 3,690 SF Raised Cafeteria Corridor (2nd layer) X Floor Tile First Floor Classrooms and Hallway, X 3,600SF X X Floor Tile 2 Policy Academy Office (2nd layer) хх 56 SF Floor Tile Χ 3 2nd Floor, Stair "D" x x 56 SF Floor Tile X 4 1st Floor stairs, rear, left  $x \mid x$ 3,690 SF X Floor Tile Mastic 5 Raised Cafeteria Corridor (2nd layer) First Floor Classrooms and Hallway, X XX 3,600 SF Floor Tile Mastic 6 Policy Academy Office (2nd layer) x x 10,800 SF X Floor Tile Mastic 7 2nd Floor, open area Х 2,100 SF Floor Tile Mastic 8 2nd floor offices **BUILDING 198** 310 LF Pipe Insulation X 1 Above Offices x x 5 LF Pipe Insulation X 2 Boiler Room X 10 LF Pipe Insulation X 3 Room 121B X Χ 2 LF Pipe Insulation 4 Police Starage (South) Х 480 SF X Core Flashing 5 Roof X x x 1,000 SF X Floor Tile 6 Office Area (2nd layer) 140 SF Transite Panel Room 121B **BUILDING 204** Χ 550 LF Pipe and Fitting Insulation 1 Open Area Above the ceiling in the south side X Χ Х 50 LF Pipe and Fitting Insulation 2 corner office/ bathroom space X X X 75 LF X Pipe and Fitting Insulation 3 Main Boiler Room X Х 40 SF X Breeching Insulation 4 Main Boiler Room x x X 420 SF Joint Compound X 5 Corner Office, Wall x x X 4 SF Vibration Damper Cloth 6 Arms Boiler Room X 500 SF Core Flashing X 7 Main Roof X XX

Wall Panel

X

Wall Caulking

8 Bathroom Walls

Throughout

170 SF

720 LF

XX

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) February 13, 2013			Name of E Chris Fi		wner/Operat	or (2)	Check # 57	29	0135	8,	4	1:
Agencies Notified Type Notification			Street Add		wkin Road		*****		V.,	7.	P	42
EPA Initial Amended Amendment			City, State Clarksb					1-16	4/0			
DOH justification)  DCA Cancellation	including	- 1	Name of Chris F	Commence of the contract of th	aro			Telephone Nun	nber	<del> ,</del>	₽G.	110
			FACIL	ITY INFO	RMATION							
Name of Facility Where Abatement is Takin Residence Street Address	g Place (3)	)				Tyr	School (K-12 Subchapter 8	) 3 (Other than K-12	2)			
29 West Cohawkin Road						×	etc.)	ivate & commercia				s,
City (5) Clarksboro						10	uare Feet ,000	# of Floors 2	70	dg. A	ge	
County (6) Gloucester			County C				rrent Use (Prior esidence	r if being demolish	ned)			
Name of Monitoring Firm Hired by Building Management & Environmental Ser			ASCM	No.	4000000		batement Control					
Street Address	11000 1110		1		Stre	et Add		-	_1007.00000			
P.O. Box 341 City, State, Zip Code				***	City	, State	, Zip Code				-	
Chesterfield, NJ 08515 Project Manager for Monitoring Firm	+		Telephon	e No.		ple S	hade, NJ 0	8052 License N	lo.			
Bill Weisgarber			609-29	8-4070	85	6-755	-0099	00842				
Start Date (10) February 23, 2013	Schedule Februa		npletion D , 2013	ate (11)	4 3 5 7 7 1	ne of C	SHA Monitor					
Occupancy Status During Abatement (Chec	19701				4	et Add 7 Hac	ress Idon Ave				50/6009/8/8/8	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A nal Facility	Hours	nent S				, Zip Code ont, New Jei	rsey 08108				
Scope of Work (Check All That Apply)						IVI					ASS 1 125 CO	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Second .	Renova Demoli				H :	Mini-Enclosure Glovebag Proce	nt with Negative F edure (*) and Non-Friat			a	
	le	Locat	ion			Lane d	Non-Exempled	( ) and North Had		Abate	ment	
Location of	1	Norma ed Sole	lly		Descript					Ту	pe	Γ
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Cust	intena todial (12)	nce/ Staff?		tos Containin thermal syste surfacing, other misce	ems ins	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No XXX	N/A	Asb	estos Cont	aining	Paper	50 SF	xxx			
Name of Registered Waste Hauler		1	NJDEP W	aste	Cubic Yard	s	Name of F	Registered Landfil	1	<u></u>		
Freehold		5.0	lauler ID 2253	No.	of Waste	İ	Grows L	andfill				
City, State Mount Holly, New Jersey 08060	-			M.	Disposal D 2/25/2013		City, State Tullytow					
Completed by Christina Lynch	Title Office	e Ma	nager		Sigoa	ture 1511	nolur		ate ebrua	ry 1	3, 20	13

Check# 1574		NOTI				BESTO:	6 ABAT and 5:16			gency N	lotifi	catio	n
Date of Notification (1)		×	T	Name	of Buildin	g Owner/O	perator (2	NJ Dont o	AFPROVED Health & Senior	. C	T		
02 /	13 / 13		],	leffres	S. Kim	mel			nearly & 9615101	Service	3		e.
Agencies Notified	Type Notification				Address			_ 1	(Signature)	- V	تنا	,	-1-1
☐ EPA	☑ Initial	í		185 N	ottinghar	n Way	ŧ	Date:	200 aimer	2234			
Dormo     Dormo	Amended				tate, Zip		_		COLUMN TO SERVICE SERV	-		-	, -
☑ DHSS	Amendment #_		1							- in	C	)	
DCA -	Emergency (in	cluding	1		of Contac		-		Telephone Nu	mber		<u>a</u> .	, P.
(NJAC 5:23-8)	Justification)  Cancellation	*		0.034	18 1838		2					<u>o</u>	15
	Caricenation			-	S. Kim				.0			₩.	
				FA	CILITY I	NFORMA	TION			67		0	
Name of Facility Where A	batement is Yaking	Place	(3)					Type of Facility	30.00	٤	2	(C)	
Private house			00 Marco		= 07 3000		1397	School (K-1)	2) 8 (Other than K-1	, (2)			
Street Address									rivate and comm		ildina	<b>s</b> .	
185 Nottingham Way								homes, etc.					
City (5)	-							Square Feet	# of Floors	81	ig. A	ge	
Hillside, NJ 07205										1			
County (6)				Coun	y Code (7)	(STATE US	E ONLY)	Current Use (P.	ior if being demi	olished)	-		
Union						25			- F				
Name of Monitoring Firm	Hired by Building (	)wner (	8) 1.	ASCM	No.	Name o	f Abeteme	ent Contractor (9	)		_	-	
-					2	Gr Tecl		\\\\\\\\\					
Street Address				_		Street A	4 44		-,,				_
- Tuo: 100								1003					
City, State, Zip Code	-						ley Rd A					-	
City, State, Esp Codo						V							
Project Manager for Mon	- <del> </del>		T				NJ 0747	<u> </u>					
Project Manager for Mon	toung Firm		Tete	phone	NO.	Telepho	ne No.		License No.				
			J			973-63	Committee of the commit		01127				
Start Date (10)	Sched				CORNEL CONTRACTOR OF THE PERSON OF THE PERSO	Name o	FOSHA N	lanitor	1				
02 / 14 /	13 (	)21	15	_ / _	13	Environ	ision Co	nsultants, Inc					
Occupancy Status During	Abatement (Checi	k only o	ne)		-	Street A							
Facility Closed/Vacate	d During Entire Pe	riod of	Abate	nent		20-21 1	Vagaraw	Road, Bldg .#	3/1 4				
Abetement Performed	Outside of Normal	Facility	y Hour		cribe	City, Sh	ete, Zip C	ode	3411				
Time of Abatement:	AMP	M/	PM_		AM		wn, NJ 0						
Scope of Work (Check all	that acciv)	-				Tran La		and decontami	nation		-		
	11-11-11					Н		tainment with Ne					
>3 sf or >3 if     ≥ 160 sf or >260 if		Re	novati	on		×	Mini-Eng						
□ ≥ 100 St Ot ≥200 ft		☐ De	molitio	in .		Н	Non-Exe	g Procedure impled (*) and N	on-Friable Proce	dure			
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Location	of		Norma			De	scription o	of			7	1	1
	Use	d Sole			estos Con	aining Ma	terial (ACM)	Amount	Remova	20	들	l a	
Asbestos-Containing	Material (ACM)	, and the same of						insulation.	(Specify	1 3	Repair	Encapsulate	Enclosure
Asbestos-Containing   TO BE ABA	Material (ACM) TED	#1		Staff?			-1 UAT					5	20
Asbestos-Containing	Material (ACM) TED	#1	todial ( (12)	Staff?		surfa	cing, VAT	, or	SIF or LF)	2		00	1
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Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM) TED	Cus Yes	(12) No	N/A	D. T.	other (	niscellane	, or	SIF or LF)			at [	<u> </u>
Asbestos-Containing TO BE ABA IN Facili	Material (ACM) TED	Yes	(12)	N/A	Boiler i	surfa	niscellane	, or		á X		ate	
Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM) TED	Cus Yes	(12) No	N/A	Boiler i	other (	niscellane	, or	SIF or LF)				
Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM) TED	Yes	(12)	N/A	Boiler i	other (	niscellane	, or	SIF or LF)				
Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM) TED	Yes	No	N/A (S) () () ()	Boiler i	other (	niscellane	, or	SIF or LF)				
Asbestos-Containing TO BE ABA IN Facili (13) Basement	Material (ACM) TED ty	Yes	No	×4 Ø		aurfa other r nsulation	niscellane	or lous)	SIF or LF)				
Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM) TED ty	Yes	No	×4 Ø		aurfa other r nsulation	niscellane	, or	SIF or LF)				
Asbestos-Containing TO BE ABA IN Facili (13) Basement Name of Registered Was	Material (ACM) TED ty	Yes	No Olial (12)	NVA	Hasier ID No	aurfa other r nsulation	niscellane	or lous)	SIF or LF)				
Asbestos-Containing TO BE ABA IN Facili (13) Basement Name of Registered Was	Material (ACM) TED ty	Yes	No Olial (12)	×4 Ø	Hasier ID No	other r	rds of Was	te Name of Reg	SIF or LF)				
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Asbestos-Containing TO BE ABA IN Facili (13)  Basement  Name of Registered Was Gr Tech LLC City. State Wayne, NJ 07470	Material (ACM) TED ty  te Hauler	Yes	No Olial (12)	NVA	Hasier ID No	nsulation  Cubic Ya  TBI  Dispose	niscellane rds of Was ) N Date	te Name of Regi	SIF or LF) 70 SF				
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NJ Degle of Health &	Senior Services							RECE		-1.0	É	09	Ó
Date: (signat	ure)	NO	NFIC (Pur	Stati ATION C Susual to	e of New Jo OF ASBEST NJAC 8:6	ersey NOS ABATE 0 and 12:12	MENE 0/3	FEB 19	OL -	CK #			
Date of Notification (1)			N	ame of B	Building Own	neriOperator EMをTH	-			1			
Agencies Notified	Type Notification		S	Track Arte	tenen	onus	· · · · · · · · · · · · · · · · · · ·	LICLYON	vg " <sup>(1)</sup> L				
DEP DOL	Amendad Amendment	THE RESIDENCE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF T	C	- Chi 4				07407					Ti A
図 DOH	Emergency (in justification) Cancellation	ncluding	N		RANK	i		I Tel	ephone Mumi	per		顶	,
Name of Facility Where A	batement is Taking	Place (3)		FACILI	TY INFOR	MATION	Type of F	ecility (4)					
Street Address 41 CAOMU	is AUE	<u></u>					Subs	od (K-12) chapter 8 (Oth ar (i.e. private (	er then K-12) R commercial	buildi	ngs,	home	3,
City (5) ELMWOOD P							Square F	eet  #o	FFloors	Bk	ig. A	ge 4	-
County (8) BERGEN				County Co	ode (7) SE ONLY)		Current U	Ise (Prior if bei	ng demotishe	(d)			
Name of Monitoring Firm	Hired by Building C	What (8)		ASCM	Na.			ent Contractor racting Inc.	(9)				
Street Address							et Address 5 Lowell R	load	41				
City, State, Zip Code							State, Zip C en Rock, N	cde N.J. 07452					
Project Manager for Mon	itoring Firm		1	Celephon	e No.		phone No. 1-262-584	1	License No 00156				
Start Date (10) 3/13/13		Scheduled 2	Com /14	pletion D	late (11)		e of OSHA I rega Envi	Monitor ronmental S	Services Inc	C.		1	
Occupency Status During	g Abatement (Chec ated During Entire F			ent		35 H (370, 1900, 1900)	et Address O Huyler S	Street		or-manufe.			
Facility Closed/Vac Abatement Perform Other - Describe:	ed Outside of Norm	ral Facility F	lours				State, Zip C ckensack	ode NJ 07606					
Scope of Work (Check A ≥3 st or ≥3 if ≥160 st or ≥260 if	B That Apply)		molifi				Maini-E Giovel	ontainment vill inclosure bag Procedure inempled (*) ar	_			е	
		100	ocati amai	100000							Abale	emeni Ips	t
Location Asbestos-Containing TO BE AB In Faci	Material (ACM) ATED Bly	Used Main Custo	Sole	ly by	(i.e. #	Descriptions S Containing Bernal system Surfacing, Nother mascell	j Materia≗ (A ms insulatio VAT, or	n, (	Amount Specify For LF)	Ramovei	Rapair	Encapaulate	Enclosure
		Yes	No	N/A					960sF			0	F
OUTSIDE		1 1		×		SHING	(2.)		10031	X		-	$\vdash$
Name of Registered Wa	ste Hauler	1. 1		LIDEP W		Cubic Yerds	1	Vane of Regis		L	L_	L	1
Rovic Transport				20785	740.	2		IESI PA Be	mienem La	inati	1 Co	rp.	
City, State Riverdale, New Jer	sey 07457					2/13/	3 04	Bethlehem,	l De	n /			
R. McDonald		Presi	dent			Signat	12M-	JUS	9	-/4	3/6	2	-

APPROVED COMMONIES, MC. NJ Depthof Health & Senior Services (signature) Marine: NHC

RECEIVED Check # 8057

State of New Jersey
NOTIFICATION OF ASSESTOS ARATEMENT EB 19 PM 2: Gg Date of Notification (1) Name of Building Owner/Operator (Z) 12 THE ESTATE OF MARIE T. MEMAHOW Agencies Notified Type Nothication Street Address 61 W. SHORE AVE EPA Initial DEP City, State, Zio Code Amended Ø DOL Amendment # NJ 07628 DUMONT Emergency (including Name of Contact DOH justification) Talephone Number DCA Cancellation TIM MCMAHON FACELITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MEMAHON School (K-12) Street Address Subchapter 8 (Other than K-12) 61 W. SHORE AUE Other (i.e. private & commercial buildings, homes, Square Feet # of Floors Bldg. Age DumowT 1450 60 County (6) County Code (7) Current Use (Prior if being demolished) BARGER RES Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A. Mac Contracting Inc. Street Address Street Address 105 Lowell Road City, State, Zip Code City, State, Zip Code Glen Rock, N.J. 07452 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-262-5841 00156 Start Date (10) J Scheduled Completion Date (11) Name of OSHA Monitor : 7/12/13 2/13/13 Omega Environmental Services Inc. Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler Street Facility Closed/Vacated During Entire Period of Abstement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hackensack, NJ 07606 Scope of Work (Check All That Apply) IXIX 23 sf or 23 # Renovation Full Containment with Negative Pressure 2160 sfor 2260 H Demolikan Mani-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Frieble Procedure IS LOCATION Type vilenno% Location of Description of Used Salely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remove Custodial Staff? in Facility surfacing, VAT, or SF or LF) (12) (13) Yes Na MA BASSMEAT PIPE 5 LF X Name of Registered Waste Hauter NJDEP Waste Cubic Yarda Name of Registered Landfill Hauler ID No. of Waste Rovic Transport IESI PA Bethlehem Landfill Corp. 20785 City, State City, State Disposal Date Riverdale, New Jersey 07457 2/12/13 00 Bethlehem, PA 18015 Completed by Signatyre Title R. McDonald President

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

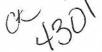
Date of Notification (1	1		Name	of Building	Owner / Operator (	2)	Che	ECK #	743	0	_
	ebruary 12, 2013			rgan Chas			* T- 27				
Agencies Notified	Type Notification		Street	Address		ZUIJFEB 1	9 DM 2		1000		
Пера	EMERGENCY		140 88	arket Stree		ā	9 PM 2: 08				
DEP	ι		140 IVI	arket Stree	(		i i				
DOL	Initial		City, St	tate & Zip C	Code	- ELIUZ	WALL TOLL				
	Amended		Paters	on, NJ 07	505						
⊠DOH □DCA	Amendment #	_	Nama	of Contact			ITa	onhon	a Mu	mhai	
	Cancellation			e Carcano			· · · · · · · · · · · · · · · · · · ·	ephon	e Nu	mber	Ġ.
			Kande	e Carcano					~		
			FAC	CILITY IN	IFORMATION						
Name of Facility Whe JP Morgan Chase B	re Abatement is Taking ank	Place (3)	14		Type of Facili				7		
Street Address					Subchar	oter 8 (Other than	K-12)				
148 Market Street					Other (	i.e., private & co	mmercial buildings	s, hom	ne, e	tc.)	
					Square Feet	# of Flo		g. Age	11		10.
City (5) Paterson					50,00	Prior if being dem	2 +		71		
Paterson					Bank	rnor ii being den	iolistieu)				
County (6) Passaic		County Code	€ (7)								
Name of Monitoring F Arcadis US Inc.	irm Hired by Building O	wner (8)		ASCM No	Name of Aba	tement Contracto	r (9)				
Street Address	ir =				Street Addres		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW				
35 Columbia Road					829 Radio Ro			- 150			
City, State & Zip Code Branchburg, NJ 088					City, State & Little Egg Ha	arbor, NJ 08087					
Project Manager for N William Mener		1 1 1 2 2 3 5 3	lephone N 8-526-100		Telephone No 609-296-6916	umber	License Num	ber 0081	7		
Scheduled Start Date February 13,		ed Completi	on Date (1 ary 14, 20		Name of OSH Synatech, In		3		1		
Occupancy Status Du	ring Abatement (Check	only one)			Street Addres	ss					
	Performed Outside of No			100   140   140	City, State &				33.00		
Other – Desc					2.	rbor, NJ 08087					
Facility Occu Scope of Work (Chec	pied During Abatement			-							
Coope of From (one)	it all triat apply)					Full Containmen	t with Negative Press	ure			
≥3 sf or ≥ 50 lf			Renovation	on	$\boxtimes$	Mini-Enclosure					80
≥160 sf or ≥26	O If		Demolitio	n .		Glovebag Proces	dure				
							*) and Non-Friable Pr				
VIII. 1	ation of ining Material (ACM)		on Norma y Mainten		Descripti Asbestos-Co		Amount (Specify	Aba	atem	ent T	ype
TO BE	ABATED		dial Staff		Material (	(ACM)	SF or LF)				
	Facility (13)				(i.e., thermal insulation, surf			_		m	m
1 S 007	(10)				or other misc			en	Re	cap	ncl
		Yes	No	N/A				Removal	Repair	Encapsulate	Enclosure
		163					2015	V		Ġ.	_
Basement				x	Pipe Insu	ilation	30 LF	X			
		-						- 1	100	50.	
		-						1	8.	-	
Name of Registered V	Vaste Hauler	NJDEP	Naste 1	Cubic Ya	rds of Waste	Name of Regist	ered Landfill				_
		Hauler II									100
Synatech, Inc. City, State		27	429	<1 Disposal	Date	Grows Landfill City, State					
Oity, Otate	The world was a second			Dispusal	Dato	7.50					
Little Egg Harbor, N.			3		y 15, 2013	Morrisville, PA			75		
Completed By	Title			Signature	120		Date				
Diane Aloia	Frecut	ive Admini	strator	1 1/10	in /lloz		February 12, 2013				

APPROVED: PAUL HORNER, MJOOH

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.I.A.C. 8:60 and 12:120)

(Pursuant to N.J.A.C. 8:60 and 12:120) 2 #2402

Date of Notification	<sup>(1)</sup> 2/13/13					ding O o Ban	wner / Operator k	(2)	ORIUE.	Řť.				
Agencies Notified	Type Notifica	ation			Addre		201	2 ~						
EPA	, ypo rrounos						Street ZUIS	J FEB	3 19, PH 2:					
DEP			C	ity, S	tate &	Zip Co	de	WENT ST	111 5:	08		í		
DOL	☐ Amer													
□ DOH	10	gency			of Cor		أي	E 1 1	19 F. 2	40.1	Telephon	e Nu	mbe	r
DCA		ellation	2.5		e Bisl			in the si	ZIN. MG	Ŀ.i.				
		1		FAC	ILITY	/ INFC	RMATION					-		
Name of Facility W	here Abateme	ent is Taking Pl	ace (3	_			Type of Facility	y (4)						
Wells FargoBani		<b>.</b>					School (K							
Street Address							Subchapt	er 8 (0	Other than K-1	2)				
100 Fidelity Plaz	2								ite & commerc		gs, home	s, et	c.)	
100 Fluelity Flaz	a						Square Feet		# of Floors		Bldg. Age			
01. (5)		County (6)	Cou	inti C	ode (7	7\	30000		2			15+		- 1
City (5)		County (6)	Cor	inty C	oue (	()		Orior is	f being demolis	shod)		10.	-	$\dashv$
North Brunswick	(	Middlesex						71101 11	being demons	sileu)				
							Bank							
Name of Monitoring	Firm Hired b	y Building Own	er (8)		ASC	M No.			t Contractor (9	)				
AET							Bristol Envi		ental, Inc.					
Street Address							Street Address							
28 North Pennel	l Road_						1123 Beaver							
City, State & Zip Co Media, PA 19063							City, State & Z Bristol, PA 1							
Project Manager fo		irm	Telep	hone	Numb	er	Telephone Nu			License N	lumber			
Dave Turotsy			610-8				(215)788-604	40		00509				
Scheduled Start Da	ate (10)	Scheduled Con	npletio	n Dat	e (11)		Name of OSH	A Mor	nitor					
2/13/13		0011044.04	2/15/		- ()		Bristol Envi							
Occupancy Status		ment (Check or	nly one	2)	8		Street Address	S .		7 01				$\neg$
Facility Clo	sed/Vacated	During Entire P	eriod o	of Aba	temer	nt	1123 Beaver	r Stre	et					
		utside of Norma					City, State & Z	Zip Co	de		- 22			
Describe:	4:30 PM to						Bristol, PA 1	Total Professional						
	cupied During													
Scope of Work (Ch	The second second													
ocope of work (on	con an triat a	SP197							Full Containm	ent with N	legative l	Pres	sure	
≥3 sf or ≥3	lf		$\boxtimes$	Ren	ovatio	n		П	Mini-Enclosur	е				
□ ≥160 sf ≥26			$\Box$	Den	nolition	1		$\boxtimes$	Glove Bag Pr	ocedures				
			ш					X	Non-Exempte	d and Nor	n-Friable	Proc	edur	е
	ocation of		Isl	ocati	on		Description	of		Amount	Aba			
	tos-Containin	ıa		nally L			Asbestos-Cont			Specify				
	terial (ACM)	.5		olely b		95	Material (AC			F or LF)	71		ᄧ	ш
	BE ABATED		Main	tenan	ce or		(i.e., thermal sy				en	Re	ag	Si Si
	in Facility		Custo	odial S	Staff?		nsulation, surfac				Remova	Repair	Encapsulate	Enclsoure
	(13)			(12)			or other miscella	aneou	s)		<u>=</u>	1.00	ate	ē
19.1			Yes	No	N/A						K-7		_	
Entrance Door #	140 Above	Ceiling		$\boxtimes$			Pipe insula			24 LF		닏	닏	님
Cafeteria Side o		7		$\boxtimes$			Pipe Insula	tion	7.5	12 LF		Ш	Ш	$\Box$
Ladies Restroor		iling	П	X			Pipe Insula	tion		15 LF		Ш	Ш	Ш
Entrance Door #120	Vestibule Abo	ove Ceiling		X	П		Pipe Insula	tion		24 LF				
Entrance Door #1			Ħ	X	П		Floor Til			70 SF				
Endance Book #1			H		Ħ				2 22 22					
Name of Registere	d Wasta Hau	ler		N.I	DEP	Vaste	Cubic Yards	Nam	e of Registere	d Landfill				-
Ivallie of Registere	u vvaste i iau			10000	uler IE	Section Section 1	of Waste							
Service Transpo	ort Inc.				990		and the second	Min	erva Landfill		1)	<u></u>		
City, State		To the second	100		1	-	Disposal Date	City,	State			-		
New Castle, DE							•		nesburg, Oh	nio				
Completed By (Prin	nt or Type)	<u> </u>	- /-	Titl	le .		Signature				Date		=00.	
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Gino Pizzigor				100.00	anage		Line Pr	3/3/	you !	K				
						20 P	1	1/1/	//	1			-	



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

			(r	uisuaii	L TO NOME O	1.00 all	u 12.12	,		Po for	The See	13 ,	200	
Date of Notification (1) 2/12/2013				Name of	of Building C	)wner/(	Operator	(2)	21	ME N3 FED		l y		
Agencies Notified  EPA	Type Notification			20 C 1973	Address HADLEY	ROA	D		Ši ~	013 FEB	19	PM	2: 0	ઈ
EPA DEP X DOL	Amended Amendment		_[		ate, Zip Coo TH PLAIN		), NJ (	7080	****	& LI	LN.		118	
DOH DCA	justification) Cancellation				of Contact LEONAF	RDIS			Te	lephone N		<del></del>		
				FAC	ILITY INFO	RMAT	ION					7		
Name of Facility Where A PSE&G Street Address 1148 HENDRICKS		g Place (3	3)					Type of Facility  School (K Subchapte Other (i.e.	-12) er 8 (Oth			ilding	s, hon	nes,
City (5) RIDGEFIELD		******			1001-100-1			etc.) Square Feet 7900	1	of Floors	T	Bldg.	Thomas and	
County (6) BERGEN			T		Code (7) USE ONLY)			Current Use (P SWITCH ST	rior if be	ing demol	- 1			
Name of Monitoring Firm ENVIRONMENTAL		Owner (8)	6	ASCI 004	M No.			of Abatement Co	ontracto	r (9)	CA			
Street Address 64 BROAD STREE	T							Address WHITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 077	747	E GIE						tate, Zip Code TH RIVER, N	J 0888	32				
Project Manager for Mon TOM GEIGER	itoring Firm			Telepho 732-2	one No. 90-2217		100000000000000000000000000000000000000	none No. 432-8350		License 01111				
Start Date (10) 3/1/13		Schedule 3/7/13	ed Con	npletion	Date (11)			of OSHA Monito		AMERIC	CA			
Occupancy Status During			1652 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -					Address NHITEHEAD	AVE.					- XII
Facility Closed/Vaca Abatement Perform Other – Describe: 0	ed Outside of Norm	nal Facility	Hours	3		<u></u>		tate, Zip Code TH RIVER, N	J 0888	32				
Scope of Work (Check A	II That Apply)											- 1		10.00
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	100	-	Renova Demolit				×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				ıre	
		Is	Locati	on					I			VA.	temer	ıt
Location	of	1	Vormal	ly		Des	scription	of			-		уре	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	d Sole intenar odial S (12)	nce/	(i.e. t	s Cont hermal surfa	aining N	laterial (ACM) s insulation, T, or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
CONTROL	POOM	165	X	INIA		VAT	& MAS	TIC	20	98 SF	77	+	+-	
	CONTROL ROOM OUTSIDE							OOR CAULK		50 LF	X		-	
	0,											-		
Name of Registered Was	te Hauler		IN	JDEP W	Vaste	Cubic	Yards	Name o	Registe	ered Land	fill			
WASTE MANAGEM	H	auler ID 125	No.	of Was	ste	GROV		Land						
City, State ELIZABETH, NJ						Dispos 3/7/13	sal Date 3	City, Sta MORR		E, PA				
Completed by CAROL RAIMO	<b>X</b>	Title OFFI	CE M	IANAG	ER	S	ignature	e Pa	in		Date 2/12/2	013		

0 D&S Proj. #: MS 13-47

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: MS 13-47					estos /	Abatement and 12:120)		2	AFEB 1	100			
in the second se	-	e 1						<01	3FED	***	1	Con Con	
Date of Notification (1)	Na	me of Build	ding Owner	Operator (2)			-	- 7	57	9 0		74	
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Agencies Notified Type Notificat		eet Addres		E 6		-		- 4	10,2	i -		0	
EPA Initial Amended	,     c	2 LIBER	TY STRE	EET					4	101	7 189		
DEP Amendment #	1	y, State, Z			-					O,	4.		
DOL Emergency		BOLOON	MFIELD,	NJ									
DOH (including	Nai	me of Con	and the latest and th	ř.		3.	1.	Telephon	e Number	1			
justification	- 11	MARYI	DIMICHE	LE				1					
Cancellatio	<u> </u>	IVII IICI I			ATION			<del>-1</del>					
			FACIL	ITY INFORMA	ATION		T Tree	oe of Facility (	4)				
Name of facility where abatement	is taking plac	e (3)					' ' '		+) I (K - 12)				
MARY ANN DIMICHELE								Subch	apter 8 (C	ther th	an K-	12)	
Street Address									Private/C		cial		
00 I IDEDTY CTREET							S		Homes, e		Bio	lg. Ag	ie .
92 LIBERTY STREET	Count	v (6)			Coun	ty Code (7)	-     - `	quare root	11 01 1 100			5 5	•2000
City (5)	Count	, (0)		* .		use only)	C	urrent Use (P	rior if bein	g dem	olishe	d)	
BOLOOMFIELD	ESS			nv i			<u> </u>						
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.		Name of Abateme							
						D & S RESTO	DRATIO	ON, INC.			_		
Street Address						Street Address	¥11000						
					_	20 California City, State, Zip Co	-						-
City, State, Zip Code													
- Manifestra Cin	<u> </u>	T Dh	one Numbe	ar .		Paterson, NJ Telephone Number			License	Numb	er		
Project Manager for Monitoring Fire	11		one mumbe	ži		973-345-80				1169	56		
	10 1-1	Olatic	on Date (11)			Name of OSHA N	onitor			-			
Start Date (10)	Sched.	Completic	on Date (11)	)		D & S Restor	ration,	Inc.					
02/12/13	02/26				[	Street Address							
Occupancy Status During Abateme						20 California		e		-		-	
Facility closed/vacated durin  Abatement performed outsid	g entire perion e of normal f	d of abate acility hour	ment. 'S-		-	City, State, Zip Co	ae						
Describes			-			Paterson, NJ	07503						
Other-Describe: NORMAL					- Ш	-		Containment v	v/negative	press	ure		
Scope of Work (check all that app	2	_						-enclosure		100 270			
								ebag procedu		friable	nroo	oduro	
≥160 sf or ≥260 lf	Demolition		used solely				Non	-Exempted (*)	and Non	R	R	E	
Location of		nance/cus	used solely todial	1	on of as	bestos-containing		Amount	N W	e m	e p	n	E n
asbestos-containing material (acm) to be	staff(12)		15	material		,000,000		(Specify S	SF or	0	a	a	C
abated in facility (13)	Yes	No	N/A							v e	   r	р	
BASEMENT		T X		PIPE INSU	JLATI	ON		104 L FT					
DAODINE										10			닏
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Registered Waste Hauler		P Hauler		ubic Yards of YD	Waste	Name of Registe	N. RES	SOURCE R	ECOVE	RY			
D & S RESTORATION, INC	. 133		Disposal D			City, State					11.		1
City, State PATERSON, NJ 07503			02/13/1			TULLYTON	VN, PA						
Completed by (Print or Type)	Title			Signature					Date 02/11	/12			
BOGDAN JOLDZIC	PRESID	ENT				Lastivition			02/11	/13			
ASP 41	* Do not us	e this form	for asbesto	s licensure ex	cempted	activities.							

Feb 11 2013 01:19pm P001/001

State of NJ

Nutification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

DES Proj. #: MS 13-47

APPROVED Name of Building Owner/Operator 12/EB / 9 Philos No Dept of Health & Senior Services Date of Notification (1) 0 12 1/1 11 17 14 13 Agencies Notified | Type Notification Street Address ☐ EPA Initial 92 LIBERTY STREET Amended DEP Americment#. City, State, Zip Code M DOI **Emergency** BOLOOMFIELD, NJ DÓH (including Name of Contact Telephone Number (USUITURISTICAL) ☐ DCA Cancellation MARY DIMICHELE **FACILITY INFORMATION** Name of racility where abatement is taking place (3) Type of Facility (4) School (K-12) MARY ANN DIMICHBLE Subchapter 8 (Other than K-12) Street Address Other (Privatel/Commorolal Bldgs./Homes, etc. 92 LIBERTY STREET Bidg Age Square Feet # of Floors City (5) County (6) County Gode (7) (State use only) Current Use (Prior if being demolished) BOLOOMPIELD, ESSEX Name of Manufornia Part Hared by Bldg: Owner (B) Name of Abstament Contractor (0) ASCAI No. D & S. RESTORATION, INC. Street Address Street Address 4.43 20 California Ave. City, State, Zip Code City, State, Zic Code 28. Paterson, NJ 07503 Project Mails or for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 02/26/13 Street Address Occupancy Status Dining Abatement (Uneck only one) 20 California Avenue Facility closed/secated during entire period of absternant.

At standard performed outside of normal facility hours-City, State, Zip Code Other Describe: NORMAL HOURS Pagerson, NJ 07503 Scope of Work (check all that apply) Full Containment winegative pressure ≥3 of or >3 ff. Renovation Mini-enclosura Glovebag procedure \_\_ ≥160 sf or ≥260 if Demolition a Non-Exemplied (\*) and Non-friable procedure is location normally used solely Location of by maintenance/custocial 0 0 material (acm) to be abated in tacility (13) Amount a Description of asbestos-containing staff(12) nc m P. material (ACM) (Specify SF or C 0 2 NA BASEMENT PIPE INSULATION X 104 L PT X II. 13 T  $\Box$ and make the same days Recipies Waste Hallier NJDEP Hauter ID# Name of Registered Lands Cubic Yards of Waste D&6 RESTORATION, INC 13506 1:YD TULLYTOWN, RESOURCE RECOVERY Cliy, State 14 Dispesal Date City, State PATERSUM NJ 07503 02/13/13 ... TULLYTOWN, PA Completed by (Print or Type)
BOGDAN JOLD ZIC Signature Tibe Date PRESIDENT 02/11/13

The not use this form for asbestoe licensure exempted activities.

ARR-41

O 288 Proj. #: MS 13-48

#### State of NJ New Scation of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2) Date of Notification (1) 10 12 1/1 12 1/1 13 2013 FEB 19 PM 2: 68 JENNI FISHBEIN Agencies Notified Type Notification Street Address EPA Initial | A Jasta - De la Écologia 7 DEVON DRIVE Amended DEP City, State, Zip Code Amendment #: DOL Emergency WEST ORANGE, NJ 07052 (including DOH. Name of Contact Telephone Number justification) □ DCA JENNI FISHBEIN Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) JENNI FISHBEIN Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 7 DEVON DRIVE Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) WEST ORANGE ESSEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number Phone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 02/22/13 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\times$  >3 sf or >3 lf Mini-enclosure □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of E е by maintenance/custodial е asbestos-containing Amount Description of asbestos-containing m staff(12) p C (Specify SF or material (acm) to be material (ACM) C 0 a a LF) abated in facility (13) Yes No N/A e **DUCT INSULATION** 40 SQ FT BASEMENT × NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 YD Disposal Date City, State City, State 02/25/13 PATERSON, NJ 07503 TULLYTOWN, PA Signature Date Completed by (Print or Type) Title 02/12/13 BOGDAN JOLDZIC PRESIDENT

Do not use this form for asbestos licensure exempted activities.

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-34

Check # 5774

Date of Notification (1)		Nam	e of Build	ing Owne	er/Operator (2)	- 1	2012 -						
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	pe Notification	11	et Address 6 Jeror		e ·		2013 FEB 10	177 2:08				t	
DEP DOL	Amendmen		State, Zip loomfiel		7003		- CHOCKO	Mg <sup>h</sup> ël.					
IXI DOH		Name	e of Conta	act				Telephone	e Number				
DCA	Cancellation	'	ale Car	0	1					_			
		-11		FACI	LITY INFORM	ATION							
Name of facility where	abatement is ta	king place	(3)				11	Type of Facility (4	4) I (K - 12)				
Dale Caro								Subcha	apter 8 (Oth			12)	
Street Address									Private/Cor Homes, etc		rcial		
196 Jerome Plac	е			7	PE - 1 - 2 -				# of Floors		Ble	lg. A	ge
City (5)		County	(6)				ty Code (7) e use only)	Current Use (Pr	rior if heina	dem	olishe	ed)	
Bloomfield, NJ 0	7003	Essex	(			Glate	s use only)	residential	ioi ii beilig	uc	Ollone		
Name of Monitoring Fir	rm Hired by Bldg	. Owner (	8)		ASCM No.		Name of Abatemen	t Contractor (9)	-76				
	N/A					_	B & G Restora	ation, Inc.					
Street Address							Street Address 105 Ryerson	Road					
City, State, Zip Code			<del></del>	-	City, State, Zip Code Lincoln Park								
Project Manager for Mo	nitoring Firm		I Pho	ne Numb	er		Telephone Number		License N	lumb	er		
Project Manager for Mo	ilitoring Firm		1 110	no ramb			(973)696-68	69	003	378			
Scheduled Start Date (1	10)	Sched. C	ompletion	Date (1	1)	$\exists I$	Name of OSHA Mo B & G Restora						
02/22/2013		02/23/	2013				Street Address						
Occupancy Status Durin							105 Ryerson						
Facility closed/vac  Abatement perfor  Describe:	med outside of	tire period normal fac	of abaten ility hours	nent. -		_	City, State, Zip Cod LincolnPark, I						
Other-Describe: _ Scope of Work (check						-1							
Demolition    3 sf or >3 lf	<b>▼</b> Re	enovation	60 lf				ull Containment w/n	egative pressure [	Gloveba				
	Is	location n	ormally us	sed solely	y	-			- I	R	R	E	E
Location of asbestos-contain material to be	ing st	maintena aff(12)	ince/custo	odial	Descripti material		bestos-containing	Amount (Specify S LF)	F or	m o	p	n c a	n
abated in facility	(13)	Yes	No	N/A				LF)		v e	i	р	L
basement				X	pipe insu			90 lf		X		H	뷰
basement					boiler ins	ulation	1	35 sf			H	H	뷰
1		-								Ē	F		「
						-							
Registered Waste Haule B & G Restoration	er ı, İnc.	NJDEP 19	Hauler ID 563		ubic Yards of 1 1/2 yds			ed Landfill n Resource & Re	ecovery (	Cent	er		
City, State Lincoln Park, NJ				isposal [ 02	Date 1/25/2013		City, State Tullytown	n, PA		.34		,	1 +
Completed by (Print or Gordana Luna	Type) Ti	tle ecretary/	Treasu	rer	Signature		Gordana Luna		Date 02/1	2/2	013		

Check# 8088

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all bearing the			7050	en Bin	ETTI.		-	Property No.	COIDE!		
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St			ELGUAY - PS- 19 <sup>-2</sup>			Subob Other	Conference St. 1873/Parence	Than M-1	es de la compa	official ex	Partners
			County Co.	le (7)		1275	3		- [	+5	
Chin Char	or dea.	L					[Jan a	W. C. W. C. C. C.	(C)		enilineer
			AND THE	_	A.M	of Abuteomot ac Confesso	Controller (2)	oruce .			
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					Glen	Rock, N.J.	07452	•			
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	- A	Donas	affon Dale	(11)	Name of	CELTA Month					
beels Cleby	Orma				Omega	a Environm	lental Corvic	cas Inc.			•
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	and and	<b>3</b> \$			City Sinh	a Zip Code	<del></del>	-			
	,				v Haristina	research Seft (	1/608.				
H								live Pres	FORCE		
7		<u> </u>	<u> </u>			Closelegy Pro	cedura d (*) änd Nop-l	Fideble Pi	meerlo	III	
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1 10	CONTRACTOR OF	September 1	1 /400	ABIOS Credei	College Salestown	M (ACM)	Amount		T	-	Г
	(12)			SHARRING	then 3200 and	- 1	SFor LP)	. 8	3	P P	Britaning
Yes	No	NE)	A .		t-ma*			三	-	哥	70
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n Her	N.	EP I	Vicenta D. M.	Cable Ya	ds	Name of Pa	Oldered I				
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	7,400	FI E	·	Disposal		City, Strite					-
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Title	2.0			∂/13 Septi	1/3	Belliche	m, PA 1801	5			_1
	Settle Control of Cont	Schoolsfield (3/1) heels Carly One)  Perford of Alexand United Schoolsfield United Schoolsfield Condoctors (12) Yes No	Schools of Company (S)  Schools of Company (S)  Schools of Application of Applica	County Can (STATE USE  Eng Owen (S)   ASCM NE  Schooled Contpletion Date  3/12/13  heals Coly One)  Perint of Abstronat  English State  In Location  Manually User Scholy by  Medicina and  Casinded State  (12)	Gazariy Carie (7) (STATE USE ORLY)  Bing Quasar (6)  ASCAL No.  Schoolsted Completion Date (11)  3 / 12 / 13  heels Cody Orly)  the Period of Abstraces  In Location Managey Usest Satisfy by Michiganized Cardiotes State (12)  Yes No. NEA  Pre-  N. RESP Vision  Pre-	County Carrie (?)  (STATE DESCRIPT)  Character (%)  ASCAR NO.  Planta A. M.  Silver (*)  105 L.  Chy, St.	School Sc	Schoologies & Coher Coher Coher (4)  Schoologies & Coher Coher Coher (4)  Schoologies & Coher Coher Coher (4)  Schoologies & Coher Coher (4)  Schoologies & Coher Coher (4)  Schoologies & Coher (4)  Schoologies & Coher (4)  A Mage Confidencial Cohercian (2)  A Mage Confidencial Cohercian (3)  A Mage Confidencial Cohercian (3)  A Mage Confidencial Cohercian (4)  Schoologies Address  105 Lowell Road  City, Sale, 2p Code  Cler Rock, N.J. 07452  Telephone No.  201-282-5841  On Theory Cohe Name of Cohercian (4)  Schoologies School (4)  Schoologies School (4)  And Schoologies School (4)  Schoologies School (4)  And Schoologies School (4)  Schoologies School (4)  And Schoologies School (4)  Schoologies School (4)  And Schoologie	Schoolscaper to Cother transit -  Schoolscaper to Cother transit -  Schoolscaper to Cother transit -  Schoolscaper to Cother transit -  Schoolscaper to Cother transit -  Schoolscaper to Schoolscaper to Cother transit -  Schoolscaper to Sc	Schoolspare & Color than 14-12 Schoolspare & Color than 14-12	St. Substitute of Colors toward-to Colors toward-to Colors toward-to Colors toward-to Colors toward-to Colors toward-to Colors toward-t

B & G proj. #:

2013-33

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

	· .			***EME	RGENCY 08	M CI	_EANUP***		# 5//2	_			
Date of Notification	1 (1)	N	ame of E	Building Owr	ner/Operator (2)	tel .	2013 FEB 19 1	L.					
10 12 1/11 12	1/1131		Rahwa	y Public S	Schools		-5 19 f	PH 2:					
Agencies Notified EPA	Type Notification	on Si	reet Add	ress Kline Plac	e		& Like	: 1				,	
☐ DEP	Amendm		-	, Zip Code ay, NJ 07	065			·6' ·					
▼ DOH		N	me of C		000			I Telepho	ne Number				
☐ DCA	☐ Cancella			Candiloro									
				FAC	ILITY INFORMA	ATION							
Name of facility wi	here abatement is	taking pla	ce (3)					Type of Facility	(4)				
	School (NON							-	ol (K - 12) hapter 8 (Ot	her th	an K-	12)	
Street Address 1012 Madiso	n Avenue							Bldgs	(Private/Co ./Homes, et	C.			
	TI / (Volido							Square Feet	# of Floors	•	Bio	ig. Ag	ge
City (5)		Cour	ity (6)				nty Code (7) te use only)	Current Use (	Prior if heing	dem	olishe	d)	
Rahway, NJ		Uni	on			(0,0	,	school-non			Oliono	۵,	. 4
Name of Monitorin	ng Firm Hired by E	Bldg. Owne	er (8)		ASCM No.		Name of Abatement Co	ontractor (9)			N=1		
Birdsall Serv	ices Group				0017		B & G Restoratio	n, Inc.					
Street Address							Street Address						5.00.53
65 Jackson							105 Ryerson Ro	ad					
City, State, Zip Coo Cranford, N.					1		City, State, Zip Code Lincoln Park, N	J 07035					
Project Manager fo	r Monitoring Firm			Phone Num	ber		Telephone Number		License		er		
Kevin Burns			1	908-497-8	3900 x 6228		(973)696-6869		00.	378			
Scheduled Start Da	ate (10)	Sched	. Compl	etion Date (	11)		Name of OSHA Monito B & G Restoratio						
02/13/2013		02/2	25/2013	3			Street Address	,	<del></del>	-			
Occupancy Status	During Abatemen	t (Check o	nly one)				105 Ryerson Roa	ad		e			
	ed/vacated during erformed outside						City, State, Zip Code						
Other-Descri	ibe: <u>7a.m-11:</u> (	00 p.m.					LincolnPark, NJ	07035					-
Scope of Work (cl	heck all that apply	r) Renovatio	ın.		-	П	ull Containment w/nega	tive pressure	Gloveb	ag pi	ocedi	ıre	
>3 sf or >3 lf		>160 sf or				-	/lini-enclosure		☐ Non-fri				
	' Ц			ly used sole	elv	Ч				R	R	E	T_
Location of asbestos-co	ntaining	by mainte			1	on of a	sbestos-containing	Amount		e m	e p	n	E n
material to b	e	staff(12)			material (		•	(Specify LF)	SF or	0	a	a	C
abuted in fac	cinty (13)	Yes	No	N/A						e e	r	p	
Auditorium, Bo	x Office lobby		X		O & M Cle								
Rear band stor	rage,		X		acoustical	ceilin	g plaster debris	10,000	sf		Ц		44
Hallway behind	d stage		×					_		님	片	님	뷰
					4		· · · · · · · · · · · · · · · · · · ·			님	屵	H	쓔
Domintored Waste	Unuler	INIE	EP Haul	25 ID# 1	Cubic Yards of	Naste	Name of Registered L	andfill		Ш	Ш	Ш	44
Registered Waste B & G Restora			9563	51 10#	5 yds		Tullytown Re		ecovery C	ente	er		
City, State Lincoln Park,				Disposal 02/13			City, State Tullytown, P						ý.
Completed by (Prin	nt or Type)	Title Secreta	rv/Tre	asurer	Signature		Gordana Luna		Date 02/12/	201	3		

### State of NJ Notification of Asbestos Abatement

B& G proj. # 2013-33

(Pursuant to NJAC 8:60-7 and 12:120-7) \*\*\*EMERGENCY O&M CLEANUP\*\*\*

Check # 5772

Date of Notification	1(1)	1 I Storm	a a Dulleti	Clarist	(Onergleuts)	<u> </u>	9 PH 2. (·8						
10 12 1/1 12		Po	S DI BUNG	ublic Sc	hanis	EB 1	9 6. 1	A (6) (2)	OSYON		7		
Agandas Notified	Type Notification	- Ka	Address	,		· ·	2.00	NJ Dept of Healt	a & Senior	Servic	es	_	
EPA			38 Kline				``	Carried Characteristics			-		
∏ D€P	I Initial				· C. J.	100	willing "FL	(pig	natura).	lai	4		
E DOL	Amendme		State, Zip ahway,	NJ 0706	5		11/196	Date:	Time:				
HOO IX		Name	of Conta	ct				Talephon	e Number				
☐ DCA	☐ Cancellatio	n   R	ay Can	diloro					_				
	<u> </u>	- 11 -			ITY INFORMA	TION							
Bloom of facility w	here abatement is t	king place	(3)	-,			· ·	Type of Facility	(4)				
			, ,					limit .	of (K-12)			-	
Rahway High	School (NON-S	sua 8)			· · · · · ·	-			apter 8 (Oti (Privale/Co			2)	
Street Address		100							Alomes, etc				
1012 Madisc	on Avenue				5		60	Square Feet	# of Floors		Bld	Ag:	9
City (5)		County	(6)				y Code (7)	Current Use (F	Name of Section	100	liiba	•	
Rahway, NJ	ı	Union	li.		1	(State	use only)	school-non			Mr31 Key	•)	
*: 5:1	ing Firm Hired by Blo	o Dumar/	AV		ASCM No.	-11	Name of Abatement				~==	<b>S</b> X	
	vices Group	· Parier /	۵,		0017	.	B & G Restorat	ion, Inc.					
Street Address			·				Street Address						
65 Jackson	Drive					. 11	105 Ryerson F			х	<u> </u>		
City, State, Zip Co	# 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						ity, State, Zip Code						
Cranford, N			- 1			.	Lincoln Park,	NJ 07035	License				
Project Manager 1	or Monitoring Firm			ne Numb			(973)696-686	i9'	The second second second	378	ÐГ		
Kevin Burn	s		908	497-89	00 x 6228	]},	Name of OSHA Mon					-	
Scheduled Start D	Date (10)	School C	ompletio	n Date (11	}	71	B & G Restora					•	
02/13/2013	3	02/25	/2013	20			Street Address					- Department	
Occupancy Status	During Abatement	(Check only	/ one)				105 Ryerson F	₹oad					
Facility dos	ed/vacated during e performed autaide o	ndre period f normal fac	of abaten	nent		_	City, State, Zip Code LincolnPark, N				- 51		ic.
	7a.m-11:00	- waterest				- 11				_			
	check all that apply)			towik.	2.0	m.	ili Contamment w/ne	notive pressure	Glovek	wan na	ncedu	re.	
Demotition	F4	Renovation				12 S	ini-enclosure		☐ Non-fr				
		160 sf or ≥2				<u>u</u> ~	MI-enciosate		L3	R	R	E	1
Location of	1	is location i				6	priniateco-eoteaning	Amount	,	a	e	D	E
asbastos c meterial to	Similari de	staff(12)		,	material		DESCO-COMMENTS	(Specify	SF or	0	P a	O A	CL
abated in f	scility (13)	Yes	No	N/A			8	, ,		8		p	1
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Rear band sto			×	HT.	acoustical	cerin	g plaster debns	_		ዙ	브	片	#
Hallway behir	nd stage		x			•				ዙ	H	片	井
										H	H	H	T
	1		) blacker	0# 17	uhe Vante of	Waste	Name of Registers	d Landfill	<del></del>	LL.	ــــــــــــــــــــــــــــــــــــــ	<u>,</u>	1,
Registered Waster B & G Restor	ation, Inc.		P Hauler I 563	UII C	5 yds		Tullytown	Resource & R	ecovery (	ente:	er		
City, State Lincoln Park	7000-00	erry L		0isposal i 02/13-			City, State Tullytown						k
Completed by (P		Title			Signature		00 , 00		Date		***	10	
Gordana Lu	na	Secretary	//Treasu	ırer			Girdena Luna		02/12	/201	3	in_v	

ಟ ಜಿ G proj. ಕ:	2013-33	_: =		(Pursuan	GENCY OF	:60-7	and 12:120-7)	Check	# 5772				
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Date of Notification	1/1131		imo of Bu Rahway	Public S	chools		-28 <b>1.</b>	002		1	N		
Agencies Notified EPA	Type Notificatio	n St	reet Addre 1138 Kii	iss ine Place	& LISE	1	G	FEB 12	2013		1	į.	
DEP DOL	☐ Amendm	1 0	ty, State, 1	zip Codo y, NJ 070				NAIVER AP	PROVE	D_			
DOH DCA	☐ Cancellat		me of Col					Folopho	नेव संधारकेक				30
			140) 00		LITY INFORM	ATIÔN							-
Name of facility who			ce (3)					Subc	ol (K - 12) napter 8 (Ot			12)	
Street Address 1012 Madisor	n Avenue					100		Other Bidgs Square Feet	(Private/Co /Homes, et	Ċ.		g. A	gn.
City (5)		Coun	ty (6)		-		nty Code (7)				-		
Rahway, NJ		Unio	on			(Stat	a nzo oulà)	Current Uso (I school-non				d)	
Name of Monitorial Birdsall Servi		dg. Owne	r (8)		ASCM No. 0017		Name of Abatement B & G Restora						- 0-0-0-0
Struct Address 65 Jackson	Drive	·					Stroot Address 105 Ryerson	Road					
City, State, Zip Con Cranford, NJ	8		<del></del>	₩			City, State, Zip Gode Lincoln Park						
Project Manager for	Monttoring Firm			none Numb	or 900 x 6228		Telephone Number (973)696-68	69	License 00	Numt 378	er		
Kevin Burns Scheduled Start Da		Isided		ori Date (11			Name of OSHA Mo	777-376-5-1					
02/13/2013	122 (10)		5/2013				B & G Restors	ation, Inc.	<i>-</i>	, web	_		lines.
Occupancy Status	During Abatement			-			105 Ryerson I	Road		N.			
Facility closes	diversated during of orformed outsides to: Za,m-11:0	ontiro perio Sistemanos i	of col about	ement.		_	City, State, zip Cod LincolnPark, I						
Scope of Work (ch Demolition   >3 st or >3 lf	eek all that opply			4		- L	ull Containment who	ogative prossure	Glovet	0000000			
Location of seportor-co- material to be obsted in foo	nteining	by mainte staff(12)	nance/cut			ion of a (ACM)	sbesto»-containing	Amount (Specify LF)		R e m o y	Rapal	THE U D D	LECL
		Yes	No	N/A						ō	ń	n	╬
Auditorium, Box	The same of the sa		X		O & M Cle	cellin	g plaster debris		*****	古	古	d	Ī
Rear band store Hallway behind			×	-		_							L
Hallmay Delilling	SIBUE												#
							(n	d ones		Ш		ليا	Tr-
Registered Waste F B & G Restorat	lauler ion, Inc.	NJDE 1	P Hauler 9563	Disposal C	ubic Yards of 5 yds	Anaste	Name of Registers Tullytown City, State	Resource & R	acovery C	ente	<u>:</u>		
City, State Lincoln Park, I		7			25/2013 Signature		Tullytowr	ı, PA 🗦	Dato				Long &
Completed by (Prin	n or typo)	Title Secreta	rv/Treas	urer			Girdona Luna		02/12	201	3		

# State of New Jersey 1301-4598 NOTIFICATION OF ASBESTOS ABATEMENT Check #4943 (Pursuant to N.J.A.C. 8:60 and 12:120)

2013 FEB 19 PH 2: 68 Name of Building Owner / Operator (2) Date of Notification (1) Resorts International Casinos 2/8/13 Agencies Notified Type Notification Street Address 1133 Boardwalk **EPA** City, State & Zip Code DEP Initial M X Amended #3 Atlantic City, NJ 08401-7329 DOL Name of Contact Telephone Number Emergency  $\boxtimes$ DOH DCA Cancellation Wayne E. Dorrell **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Resorts Hotel & Casino Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 1133 Boardwalk Bldg. Age # of Floors Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolished) **Atlantic City Atlantic** Hotel & Casino Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Synertech, Inc. Street Address Street Address PO Box 25 2208 South Broad Street City, State & Zip Code City, State & Zip Code Lumberton, NJ 08048 Philadelphia, PA 19145 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00529 215-755-2305 609-265-2107 Andrew McMahon Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 1/22/13 3/8/13 EMSL Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 108 Haddon Ave. City, State & Zip Code Abatement Performed Outside of Normal Hours - $\boxtimes$ Westmont, NJ 08108 Describe: Working 24 Hours (3 shifts) Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 lf Renovation Glove Bag Procedures ≥160 sf ≥260 lf Demolition Non-Exempted and Non-Friable Procedure Amount Abatement Type Description of Is Location Location of Normally Used Asbestos-Containing (Specify Asbestos-Containing Material (ACM) SF or LF) Material (ACM) Solely by Encapsulate Enclosure Remova Repair Maintenance or (i.e., thermal systems TO BE ABATED insulation, surfacing, VAT Custodial Staff? in Facility or other miscellaneous) (13)(12)No N/A Yes 210 LF per shaft Pipe Insulation 38 Shafts 36 SF each Floor tile & Mastic 263 Bathrooms Floors 7-11 Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste TRRF Landfill AbateTech, Inc. 18750 TBD Disposal Date City. State City, State Tullytown, PA **TBD** Lumberton, NJ Date Title Signature Completed By (Print or Type) 2/8/13 Opps. Coord. Gwen Trumbetti

Notrack

### State of New Jersey 1212 NOTIFICATION OF ASBESTOS ABATEMENT Check#

1212-4579

(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	1 (1) 2/8/13						g Owner / Operat	or (2)	Millan Bldg.				
Agencies Notified	Type Notific	ation			et Ado				-4. 17	2.			
⊠ ; EPA		£		Tru	stees	of Pr	inceton Unive	rsity E.A. Mac	Millan Bldg.	(	9		
☐ DEP	☐ Initia			City	, State	& Zip	Code		CLA				
□ DOL	Research .	nded #2					08544		796	197			
DOH DOA		rgency				Contact				Teleph	one N	lumb	er
□ DCA	L Cano	ellation		Ro	pert C	rtego	, P.E.		4				
	*			F	ACILI	TY IN	FORMATION		·				
Name of Facility W				(3)			Type of Fac						
Princeton Unive	rsity – Fires	tone Librar	У				School						
Street Address	120							pter 8 (Other tha					
One Washington	n Road							.e. private & con				etc.)	
23.11 2.002		T					Square Fee	t # of Flo	or <b>s</b> E	Bldg. Ag	je -		
City (5)		County (6)	C	ount	/ Code	(7)							
Princeton		Mercer					1	(Prior if being d	emolished)				
							<ul> <li>University</li> </ul>						
Name of Monitoring Cardno ATC	g Firm Hired b	y Building Ow	mer (8	)	AS	SCM No	AbateTech		tor (9)				
Street Address			o	40			Street Addre						
Bromley Corpora City, State & Zip Co		i erri Lane,	Suite	9 12			PO Box 25 City, State 8						******************
Burlington, NJ 0								1, NJ 08048					
Project Manager for		irm	Tele	phor	ne Nun	nber	Telephone N		License N	umher			
Mike Keehn	<u> </u>		609	386	-8800	)	609-265-21	107		005			
Scheduled Start Da 12/18/1:	71 80	Scheduled Co		on L 1/13	ate (1	1)/	Name of OS EMSL Ana						
Occupancy Status I	During Abater sed/Vacated [	nent (Check o Durina Entire I	nly or Period	e) of A	batem	ent	Street Addre						
	Performed Or						City, State &						
Describe:		***************************************	The same of the sa				Westmont						
	cupied During	Abatement											
Scope of Work (Ch	eck all that ap	ply)						<u></u>				***************************************	
	.,		E3	_					tainment with N	egative	Pre:	ssure	).
23 sf or ≥31			$\bowtie$		enovat			Mini-End					
≥160 sf ≥26	O II			D	emoliti	on		***************************************	ag Procedures	operators to the	-		
1,4	ocation of		I.A	Laa	ation.	1	Description		mpted and Nor				
	ocation of tos-Containin	3			ation / Used		Description Asbestos-Cor		Amount (Specify	AD	atem	ent i	ype
	terial (ACM)	9		olely			Material (A		SF or LF)			m	_
	BE ABATED				ince o		(i.e., thermal s			Ren	R	nca	nc
	n Facility (13)		Cust	odia (12	Staff'	1	insulation, surfa or other miscel			Remova	Repair	Encapsulate	Enclosure
	(13)		Yes	No			or other miscer	ianeous)		3		ate	8
Work Area #1- Lev	ω 1 1		l in				Floor tile &	Mantin	4 050 05	- KA			-
Work Area #1- Lev	~		H	H		Din	e & Pipe Fittin		4,650 SF 750 LF		H	H	H
Work Area #1A- Le			H	-			or tile, mastic		885 SF		H	H	H
Work Area #2- Lev		in Room	H	H		110	Duct seam		1,400 LF		H	H	H
							Duct Scall	cauik	1,400 LF			H	H
-			H							H	H	H	H
Name of Registered	d Waste Haule	ЭГ	1	IN	JDEP	Waste	Cubic Yards	Name of Regis	stered Landfill		<u>  Ll</u>		
				H	lauler		of Waste						
AbateTech, Inc.					187	50	TBD	TRRF Landf	ill				
City, State							Disposal Date	City, State					
Lumberton, NJ	1 av T				141-	_	2/11/13	Tullytown, P	A	T.	â	*	
Completed By (Print Gwen Trumbetti	ror rype)				itle pps. (	Coord.	Signature	mit		Date <b>2/8/</b>			
		-			755775			VVV		O1			

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1208-4536 CHECK #4945

Completed By (Print or Type)		Titl		Signature	Tunytown,	1.0	Date			
City, State  Lumberton, NJ			1	Disposal Date 2/28/13	City, State Tullytown,	PΔ				
AbateTech, Inc.		На	uler ID No. 750	of Waste	T.R.R.F. La					
Name of Registered Waste Hauler	Ш	NI	DEP Waste	Cubic Yards	Name of Re	gistered Landfill	Ш		Ш	Ш
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						1.	Ш			
				7						
Exterior Trench				Pipe Insul		24 LF				
Manholes #3 & #4				Pipe Insul	ation	160 LF				
(13)	Yes	(12) No	N/A	or other miscel	llaneous)		2	-	late	ure
in Facility	Custo		Staff?	insulation, surfa	cing, VAT	1 2 2 2	Remova	Repai	Encapsulate	Enclosure
TO BE ABATED	Maint	tenan	ice or	(i.e., thermal s	systems	J. V. L. /	20	Z.	nca	Enc
Asbestos-Containing Material (ACM)	Norm	nally i		Asbestos-Cor Material (A		(Specify SF or LF)			m	
Location of		ocat	E-200.00 \$0	Descriptio		Amount	Ab	atem	ent 7	Гуре
≥3 sf or ≥3 lf ≥160 sf ≥260 lf			novation nolition		☐ Mini-E 図 Glove	nclosure Bag Procedures xempted and Non-				
Scope of Work (Check all that apply)					☐ Full Co	ontainment with Ne	gative	Pre	ssure	е
Facility Occupied During Abatement										
Describe:				Westmont						
Abatement Performed Outside of Normal			www.moret	City, State &						
Occupancy Status During Abatement (Check or Facility Closed/Vacated During Entire P			atement	Street Addre						
11/8/12	2/28			EMSL Ana						
Scheduled Start Date (10) Scheduled Cor				Name of OS						
Project Manager for Monitoring Firm  Jim Guilardi	Telep 856-		Number 8800	Telephone N 609-265-21		License No	umber 005			
Moorestown, NJ 08057				Lumbertor	n, NJ 08048					
City, State & Zip Code		***************************************		City, State 8	Zip Code					
1253 North Church Street				Street Addre						
TTI Environmental Street Address				AbateTech						*****
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM N		atement Contr	actor (9)				
				Manhole						
Ewing Mercer		,		Current Use	(Prior if being	demolished)				
City (5) County (6)	Co	untv	Code (7)	-400.0100			-a. 1, 1,	,		
2000 Pennington Road				Square Feet	The state of the s	ommercial building	s, non dg. Ag	***************************************	eic.)	
Street Address					pter 8 (Other t				-4-1	
The College of New Jersey				School-						
Name of Facility Where Abatement is Taking P	lace (3			Type of Fac						
		FA	CILITY IN	FORMATION		11_			-	
DCA Cancellation			nda Rado			• *				
☑ DOH ☐ Emergency			of Contac				elepho	one i	Vumb	per
□ DOL □ Amended #4			ig, NJ 086			* 1/6 <sub>1/1</sub>	57			
⊠ EPA   ;	Sec.	**************	<b>3ox 7,718</b> State & Zip	Code			, 6	(		
Agencies Notified Type Notification	3		t Address		4.53	7/1	2: 1.6	)		
2/8/13				f New Jersey		13 FEB 19 PM				
Date of Notification (1)	1	Name	e of Buildin	g Owner / Operat	or (2) 20	12	***			haragan yan kanasan

Nowell

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  2 / 14 / 13				Name of Building Owner/Operator (2)  JC Penney Corporation Inc.  Street Address 6501 Legacy Drive									
Associate Matified						Outpuration inc.		140/9 0	4				
					t Address		4.5		2:	68			
				1	)1 Legac			2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		~	,		
⊠ DHSS		#2			State, Zip			- WENT	11	9.3			
	☐ Emergency (i	ncludin	g		ano, TX			11/1/	}	4			
(NJAC 5:23-8)					of Contac			Telephone Numi	oer				
	Cancellation			So	y Thoma	S							
				FA	CILITY II	NFORMATION							
	atement is Takir	ng Place	e (3)			Lan Mi	Type of Facility	(4)					
Monmouth Mall	23076 2 3007 6 07 100 400 400 B						School (K-1						
Street Address								8 (Other than K-12)		ما امالات			
State Highway 35 & 3	36						homes, etc.		ciai bi	ulluling	<b>15</b> ,		
City (5)							Square Feet	# of Floors	B	lda. A	ae	******************************	
Eatontown							150000	2			0.		
County (6)				Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis				-	
Monmouth									,				
Name of Monitoring Firm H	Type Notification Initial  Amended Am	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
	2		622	52	JVN Restorat								
Street Address	Type Notification   Initial   MD   Amended   Amendment #2   Emergency (including justification)   Cancellation	l			Street Address	oon me							
1600 Route 22 East	inmouth Mall  t Address  ite Highway 35 & 36  ite Highway 35 & 36  ite ontown  by (6)  nmouth  of Monitoring Firm Hired by Building Owner ( mann Consulting LLC  t Address  ite Address  it					47 Foster Ro	ad						
City, State, Zip Code	PA OLWD HSS CA JAC 5:23-8)    Initial				City, State, Zip Co								
Union NJ 07083	2	4			Staten Island								
	rina Firm		Tale	phone	No	Telephone No.	1						
	Address e Highway 35 & 36  Intown (6) mouth of Monitoring Firm Hired by Building Owner (8) nann Consulting LLC Address D Route 22 East late, Zip Code on NJ 07083  Manager for Monitoring Firm Rubino ate (10)  / 19 / 13 3 / ancy Status During Abatement (Check only one lility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility He of Abatement:  AM-  Dof Work (Check all that apply)  of Work (Check all that apply)  for ≥3 If D sf or ≥260 If    Costion of lestos-Containing Material (ACM)   TO BE ABATED     IN Facility   IN Facility     Custod		08-956		718-605-6256		License No.						
	Scho	dulad (				Name of OSHA M		00774					
		_			13	Testor Tech	ionitor :						
	13		1.5			restor recir							
						Street Address							
Occupancy Status During A	batement (Chec During Entire Pe	ck only eriod of	one) Abate	ment			n Avenue		74		***************************************		
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Occupancy Status During A  ☐ Facility Closed/Vacated  ☐ Abatement Performed O  Time of Abatement:  Scope of Work (Check all th  ☐ ≥3 sf or ≥3 lf  ☐ ≥160 sf or ≥260 lf  Location of	Amendment #2  Emergency (including justification)  Facility Where Abatement is Taking Place mouth Mall ddress Highway 35 & 36  Intown  6) Intown  Codress  Route 22 East  Intoy Code Into NJ 07083  Intown  Rubino  Into Intown  Intown		Abate y Hour 00PM- enovati emolition s Locat Norma	ment s - Des 6:00Al on on ion	cribe MAM	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Mini-End Glovebag Non-Exer	ainment with Neglosure g Procedure mpted (*) and No		Ab	···		Ť.	
Occupancy Status During A  ☐ Facility Closed/Vacated  ☐ Abatement Performed O  Time of Abatement:  Scope of Work (Check all th  ☐ ≥3 sf or ≥3 lf  ☐ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Ma	Abatement (Checo During Entire Per Putside of Norma AM-P nat apply)	Re De	Abate y Hour 00PM- enovati emolition s Locat Norma ed Sole	ment s - Des 6:00Al	Asbe	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Mini-End Glovebag Non-Exer  Description o	ainment with Neglosure procedure mpted (*) and No	n-Friable Procedur Amount	Ab	···		Ť.	
Occupancy Status During A  ☐ Facility Closed/Vacated  ☐ Abatement Performed O  Time of Abatement:  Scope of Work (Check all th  ☐ ≥3 sf or ≥3 lf  ☐ ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Ma  TO BE ABATE	2 / 19 / 13 3  upancy Status During Abatement (Check only acility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facilities of Abatement: AM-PM/10:  Dee of Work (Check all that apply)  3 sf or ≥3 lf □ R  160 sf or ≥260 lf □ D  Location of Abatement: ABATED  IN Facility  (13)  Yes		Abatery Hour OPM- enovati emolitics Locat Norma ed Sole intena	ment s - Des 6:00Al on on on lly ely by nce/	Asbe	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Mini-End Glovebag Non-Exer	ainment with Neglosure procedure mpted (*) and No f terial (ACM) insulation,	Amount (Specify	Ab	atem		1	
Occupancy Status During A  ☐ Facility Closed/Vacated  ☐ Abatement Performed O  Time of Abatement:  Scope of Work (Check all th  ☐ ≥3 sf or ≥3 lf  ☐ ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Ma  ☐ BE ABATE  IN Facility	Abatement (Checo During Entire Per Putside of Norma AM-P nat apply)	Ck only eriod of all Facility M/10:0	Abate y Hour OPM enovati emolitic s Locat Norma ed Sole intena itodial (12)	ment s - Des 6:00Al on on ion ily ely by nce/ Staff?	Asbe	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Mini-Encl Glovebag Non-Exer  Description of estos Containing Mails, thermal systems in the state of t	ainment with Neglosure procedure mpted (*) and No f terial (ACM) insulation, or	n-Friable Procedur Amount		···		yp Enclosure	
Occupancy Status During A  ☐ Facility Closed/Vacated  ☐ Abatement Performed O  Time of Abatement:  Scope of Work (Check all th  ☐ ≥3 sf or ≥3 lf  ☐ ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Ma  TO BE ABATE  IN Facility  (13)	Abatement (Checo During Entire Per Dutside of NormaAMP nat apply)  aterial (ACM)	Ck only eriod of all Facility M/10:0	Abate by Hour DOPM enovati emolitic s Locat Norma ed Sole intena todial (12)	ment s - Des 6:00Al on on on lly ely by nce/	Asbe	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Glovebag Non-Exer  Description of estos Containing Martin, thermal systems is surfacing, VAT, other miscellaneous	ainment with Neglosure procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF)	Ab Removal	···	ge ge	1	
Occupancy Status During A  ☐ Facility Closed/Vacated  ☒ Abatement Performed O  Time of Abatement:  Scope of Work (Check all the state of Abatement)  ☐ ≥3 sf or ≥3 lf  ☒ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Martin Facility (13)  1ST Level Joe Fresh December 1	Address be Highway 35 & 36  Contown  (6)  Immouth  In Monitoring Firm Hired by Building Owner (8)  Immouth  In Monitoring Firm Hired by Building Owner (8)  Immouth  In Monitoring Firm Hired by Building Owner (8)  Immouth  In Monitoring Firm  In Rubino  In Manager for Monitoring Firm  In Rubino  In Monitoring Firm  In Rubino  In Monitoring Firm  In Rubino  In Monitoring Firm  In Rubino  In Monitoring Firm  In Rubino  In Monitoring Firm  In Rubino  In Monitoring Firm  In Rubino  In Monitoring Firm  In Rubino  In Monitoring Firm  In Rubino  In Monitoring Firm  In Rubino  In Monitoring Firm  In Monitoring Firm  In Rubino  In Monitoring Firm  In Monitoring Elle  In Monitoring Material (ACM)  In Facility  In Monitoring Monitoring Firm  In Monitoring Elle  In Monitoring Monitoring Firm  In Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Elle  In Monitoring Monitoring Firm  In Monitoring Elle  In Monitoring Monitoring Firm  In Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Firm  In Monitoring Monitoring Monitoring Firm  In Monitoring Monitoring Monitoring Monitoring Firm  In Monitoring Monitoring Monitoring Monitoring Monitoring Monitoring Monitoring M	Abate by Hour 00PM- enovati emolitic s Locat Norma ed Sole intena itodial (12) No	ment s - Des 6:00Al on on ion ily ely by nce/ Staff?	Asbe (i.e	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Mini-End Glovebag Non-Exer  Description of estos Containing Mails, thermal systems is surfacing, VAT, other miscellanes	ainment with Neglosure procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF)	Ab Removal	···		1		
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Occupancy Status During A  ☐ Facility Closed/Vacated  ☒ Abatement Performed O  Time of Abatement:  Scope of Work (Check all the state of Abatement)  ☐ ≥3 sf or ≥3 lf  ☒ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Martin Facility (13)  1ST Level Joe Fresh December 1	batement (Checo During Entire Pe Dutside of NormaAMP nat apply)  atterial (ACM) ED	Ck only eriod of all Facility M/10:0	Abate by Hour 00PM- enovati emolitic s Locat Norma ed Sole intena itodial (12) No	ment s - Des 6:00Al on on ion ily ely by nce/ Staff?	Asbe (i.e	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Mini-End Glovebag Non-Exer  Description of estos Containing Mails, thermal systems is surfacing, VAT, other miscellanes	ainment with Neglosure procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF)	Ab Removal	···		1	
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Occupancy Status During A  ☐ Facility Closed/Vacated  ☒ Abatement Performed O  Time of Abatement:  Scope of Work (Check all the state of Abatement)  ☐ ≥3 sf or ≥3 lf  ☒ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mare of BE ABATE IN Facility (13)  1ST Level Joe Fresh De 2  Name of Registered Waste	batement (Chec During Entire Pe Dutside of Norma AM-P nat apply)  aterial (ACM)  py.  t Dept.	Ck only eriod of all Facility M/10:0	Abate by Hour DOPM- enovati emolitic s Locat Norma ed Sole aintena todial (12) No	ment s - Des 6:00Al on on on lion lity ely by nce/ Staff?	Asbe (i.e	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Mini-End Glovebag Non-Exer  Description of estos Containing Mails, thermal systems is surfacing, VAT, other miscellanes	ainment with Neglosure g Procedure mpted (*) and No  f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)  1500 9000	Ab Removal	···		1	
Occupancy Status During A  ☐ Facility Closed/Vacated  ☒ Abatement Performed O  Time of Abatement:  Scope of Work (Check all the  ≥3 sf or ≥3 lf  ☒ ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Ma  TO BE ABATE  IN Facility (13)  1ST Level Joe Fresh De  2ND Level Homes Street  Name of Registered Waste  Express Waste Service	batement (Chec During Entire Pe Dutside of Norma AM-P nat apply)  aterial (ACM)  py.  t Dept.	Ck only eriod of all Facility M/10:0	Abate by Hour DOPM- enovati emolitic s Locat Norma ed Sole aintena todial (12) No	ment rs - Des 6:00Al on on on lion lily ely by nce/ Staff?	Asbe (i.e.	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Glovebag Non-Exer  Description of estos Containing Mails, thermal systems is surfacing, VAT, other miscellaned  ASTIC  Cubic Yards of Waste 80	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)  Name of Regis Global Wa	Amount (Specify SF or LF) 1500 9000	Ab Removal	···		1	
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Occupancy Status During A  ☐ Facility Closed/Vacated  ☒ Abatement Performed O  Time of Abatement:  Scope of Work (Check all the state of Abatement)  ☐ ≥3 sf or ≥3 lf  ☒ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate of Registered Waste Express Waste Service  City, State	During Entire Per Dutside of Normal AM-Ponat apply)  aterial (ACM)  py.  t Dept.  Hauler  ces LLC	Re Use Ma Cus	Abate by Hour DOPM- enovati emolitic s Locat Norma ed Sole aintena todial (12) No	ment rs - Des 6:00Al on on lion liy ely by nce/ Staff?  N/A	Asbe (i.e.	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Glovebag Non-Exer  Description of estos Containing Market, thermal systems is surfacing, VAT, other miscellaned  ASTIC  Cubic Yards of Waste 80 Disposal Date 3/19/13	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)  Name of Regis Global Wa	Amount (Specify SF or LF)  1500 9000  stered Landfill ste Industries, Industri	Ab Removal	···		1	
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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

				4.2										
Date of Notification (1)		1		g Owner/Operator ( Corporation Inc.	2012		S fin							
	14 /					- siporanon mo.	<013/	FD.	* 63					
Agencies Notified	Type Notificatio	on			Address		4.	EB 19 PM 2						
☐ EPA ☐ DOLWD				-	1 Legac	- /			60		magrace series			
☑ DHSS	Amended	t #		City, S	tate, Zip	Code	4/	1 = 2 - 3 - 1 - 1						
☑ DCA	☐ Emergency		1	PLa	no, TX	75024		"YEN THILL	8/					
(NJAC 5:23-8)	justification)		,	Name	of Contac	<b>.</b>		Telephone Num	ber	***************************************				
	☐ Cancellation	n		Soy	Thoma	s								
				FAC	CILITY II	NFORMATION			<u> </u>	***************************************	•••••			
Name of Facility Where	Abatement is Tak	king Place	(3)				Type of Facility	(4)						
Ocean County Mall			* *				School (K-12							
Street Address							Subchapter	8 (Other than K-12						
	110							rivate and comme	rcial bu	iilding	s,			
	0.0						homes, etc.)		LDI					
City (5)							Square Feet	# of Floors	3	dg. Ag	ge			
Toms River							150000	2		75	0			
County (6)				Coun	ity Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)					
Ocean														
Name of Monitoring Firm	Hired by Building	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Hillmann Consultin	22 East Code 083 for Monitoring Firm Scheduled Con			6225	52	JVN Restora	tion Inc							
Street Address					-	Street Address								
1600 Route 22 East	00 Route 22 East State, Zip Code ion NJ 07083 ct Manager for Monitoring Firm					47 Foster Ro	ad							
City, State, Zip Code	Monitoring Firm Hired by Building Owner (I ann Consulting LLC ddress Route 22 East te, Zip Code n NJ 07083 Manager for Monitoring Firm Rubino te (10) Scheduled Color of Action				City, State, Zip Ci	ode								
Union NJ 07083	n f Monitoring Firm Hired by Building Owner (I ann Consulting LLC ddress Route 22 East Ite, Zip Code In NJ 07083 Manager for Monitoring Firm Rubino Ite (10) Scheduled County of Abatement (Check only of ity Closed/Vacated During Entire Period of Abatement: AM-PM/10:00				Staten Island									
Project Manager for Mon	River  **Rooper Avenue**  **Roo	Tele	nhone	No	Telephone No.	•	License No.				-			
Tom Rubino	River  Idonitoring Firm Hired by Building Owner ( Inn Consulting LLC ress oute 22 East , Zip Code NJ 07083 nager for Monitoring Firm Jobino (10) Scheduled Co. / 25 / 13 3 / y Status During Abatement (Check only of Closed/Vacated During Entire Period of Abatement:AMPM/10:0 Vork (Check all that apply)  ≥3 If □ Re													
				DK_GAR	-1/44	/1 N_MIN_M / NM								
	Tech	hadulad C				718-605-6256		00774						
Start Date (10)			omple	tion Da	te (11)	Name of QSHA N Testor Tech		00774			***************************************	<u></u>		
Start Date (10)	13	3_/	omple 25	tion Da	te (11)	Name of OSHA N Testor Tech		00774						
Start Date (10) .  2 / 25 / Occupancy Status During	13g Abatement (Che	3 / eck only	omple 25	tion Da	te (11)	Name of OSHA N Testor Tech Street Address	fonitor	00774		*	************************			
Start Date (10) .  2 / 25 / Occupancy Status During Facility Closed/Vacate	13 g Abatement (Che ed During Entire I	3 / eck only of Period of	one) Abate	tion Da	te (11) 13	Name of OSHA N Testor Tech Street Address 10 59 Jackso	n Avenue	00774		- 1				
Start Date (10) .  2 / 25 / Occupancy Status During Facility Closed/Vacate Abatement Performed	g Abatement (Che ed During Entire I d Outside of Norm	3 / leck only of Period of mal Facilit	one) Abate	ment	te (11) 13 cribe	Name of OSHA N Testor Tech Street Address 10 59 Jackso City, State, Zip Co	n Avenue	00774						
Start Date (10) :  2 / 25 / Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement:	g Abatement (Che ed During Entire I d Outside of Norm	3 / leck only of Period of mal Facilit	one) Abate	ment	te (11) 13 cribe	Name of OSHA N Testor Tech Street Address 10 59 Jackso	n Avenue	00774						
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Date of Notification (1)				Name of Building Owner/Operator (2)											
Febru	uary 14, 2013			Jacobus	s Pharm	naceuti	cal Co		2013 FE	``	16				
February 14, 2013  Agencies Notified Type Notification  EPA DEP DOL Amended Amended Amendent # Emergency (including justification)  Cancellation								8/9 ~							
M cox	M laster			County	Road 6	883			JAR.	P	12.	^		PE	
- I famous	DEP ; Amended ; DOL Amendment # Emergency (includin justification)						,		2			-0-		1-44-4444444444444444	
DOL ,	1 growing	000000000000000000000000000000000000000					N.J		- 4/6	FARE,					
M DOM	Assessed	including								Telepho	neNun	nber			
The second secon				Tom Sa	ntoli							-			
l location in the second secon						ORMAT	ION			•		-			
Name of Facility Where	Abatement is Takin	g Place (3	3)	oemmoo <del></del>		-		Type of	Facility (4	)					
Jacobus Pharmacer	utical Co.							П Sc	hool (K-12						
Street Address					•	10000		Su	bchapter (	3 (Other tha					
County Road 683								Oth etc		ivate & con	nmercia	al buil	dings	, hom	es,
City (5)								Square		# of Floo	rs		3lda.	Age	-
	February 14, 2013  Initial				11.3833.783										
County (6)	p, 140			County (	Code (7)			Current	Use (Prior	r if being de	emolish	ied)			
Middlesex	February 14, 2013   Notified   Type Notification				)										
	m Hired by Building	Owner (8)	\ \ \	ASCM	1 Nn		Name	of Abater	ment Cont		Leunc	-01		error construence.	
Sabre Health	or ready by burning	www.c. (b)		710011											
Street Address		Jacobus Ph Street Addres County Roa City, State, Z Plainsboro Name of Con Tom Santol FACILITY S Taking Place (3)  County Code (STATE USE O Bé6.734.012 Scheduled Completion Date 2/23/14 t (Check Only One)  Entire Period of Abatement of Normal Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A				Address	roup, LL					***************************************			
	Type Notification    Initial							10000	TE 000						
	Initial Amended Amendment # Emergency (including justification) Cancellation  Abatement is Taking Place (3) utical Co.  P., NJ  The Hired by Building Owner (8)  The Amended Amendment # Emergency (including justification) Cancellation  Abatement is Taking Place (3) utical Co.  P., NJ  The Hired by Building Owner (8)  The Amendment (Check Only One) Scheduled Co.  The Amendment (Check Only One) Cated During Entire Period of Abatement Outside of Normal Facility House Custodia (12)  The Amendment # Emergency (including justification) Cancellation  The Amendment # Emergency (including justific								2   E 208					man control man comp	
The second secon		Jacobus Pham Street Address County Road 6 City, State, Zip C Plainsboro Tov Name of Contact Tom Santoli FACILITY INF INF INF INF INF INF INF INF INF INF			State, Zip Code rry Hill, NJ 08034										
Easton, PA 18040					*1		million montes and a second		J 08034	chapter 8 (Other than K-12) r (i.e. private & commercial buildings, ret  # of Floors Bldg. A see (Prior if being demolished) Pharmaceutical ent Contractor (9) pup, LLC  YY N, STE 209 ode 08034  License No. 00 00781  onitor pup, LLC.  YY N, STE 209 ode 08034  Antainment with Negative Pressure closure and Procedure empted (*) and Non-Friable Procedure Ty M) Amount					
	2000 (100 C) 70 (100 C) (100 C)			Washington or will have				none No.				0.		Age ment type Encapsulate	
Income and the second s	1, CSP	(6.7/1.2													
Start Date (10)		Schedul	ea Co							_					
1				2/23/14	4		·-	*******************************	roup, LL	.Ç.					i
Occupancy Status Duri	ng Abatement (Chec	K Only O	ne)					Address							
Facility Closed/Va	cated During Entire	Period of	Abate	ment			\$1000000000000000000000000000000000000			STE 209					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Other - Describe:	ned Outside of Norm	iai Facilit	y mour	S				State, Zip							
							Chern	y Hill, <b>N</b> .	J 08034						
Scope of Work (Check	All That Apply)	20000000													
≥3 sf or ≥3 lf		(Second)		71.7017017			-			nt with Neg	ative P	ressu	re		
≥100 St of ≥200 If			Demoi	tion					Enclosure	aduro					
											Friable	Proce	dure		
			1 000	tion									Abat	emen	t
Location	on of					Do	ecription	of	000000000000000000000000000000000000000				T	ype	
					Asbes				(CM)	Amour	nt -			m	
	***************************************				(i.e				n,			Re	Z	2	
			(12)							SF or L	(*)	3	epa	usg	Enclosure
												<u>S</u>	=	00	9
	www.comonouc.com	Yes	No	N/A								Ļ,			
Pentho	ouse		X			8" pip	e insu	lation		4lft		X			0.0000000
Corrie	dor		$\sim$			4" nir	o incu	lation		QIF		$\mathbb{Z}$		*	***************************************
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		400												Total Control	
Name of Registered Wa	aste Hauler		4			100000000000000000000000000000000000000	Yards	1	Name of R	egistered L	andfill			***************************************	
Casabald / Named	Continue / David					of Wa				101	n=1 :	000		,	
Freehold / Newark City, State	Carting / Kovic			450	19	Dice-	TBD sal Date			ma Co./	DFI/	GKL	/VVS	/ 11	イバト
	/ Divordala NI							51	City, State		-1 / 84		. 211 -	0.4	
Freehold / Newark Completed by	/ Niverdale, NJ	Title				3	2/23/14		ewburg	/ Imperia	al/M Dat		ville	PA	
B			d = 4				Signature	1///	2	7					
Mike Cooper		Presid	ient					- marine	and the same of th		2/1	4/13			



## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Buildi	ng Owner/Operator	(2)				***************************************	
1 /	23 / 13	<u> </u>		Ru	tgers Ur	niversity		2013 500				
Agencies Notified  ⊠ EPA  ☑ DOLWD	Type Notification  ☑ Initial  ☑ Amended			#27	t Address 7 Road 1 State, Zip	Bldg 4086		2013 FEB +	9 P	M 2	: 68	3
☑ DHSS	Amendment #		***********			, NJ 08854		& CE			11	
	Emergency (in justification)	ncluding		<b></b>	of Conta	27.		Telephone Num	ber			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cancellation			Mil	ce Smith	1						
				FA	CILITY	NFORMATION						·····
Name of Facility Where A		g Place	(3)				Type of Facility	(4)	***************************************			
15 Washington Stre	et	1					School (K-1					
Street Address 15 Washington Stre	et							8 (Other than K-12 private and comme		uildin	gs,	
City (5)							Square Feet	# of Floors	IR	ldg. A	ΛΑ.	****************
Newark							200,000+	19	0	60+	90	
County (6)	···			Cour	nty Code	(?)(STATE USE ONLY)		rior if being demoli	shed)			
Essex				0.00		(indiana doc direi)	University	ior in being demon	31104)			
Name of Monitoring Firm	Hired by Building (	)wner (	33	ASCM	No	Name of Abatem	ent Contractor (9)					
ATC		J (	-/	0009			VIRONMENTA					
Street Address					* **	Street Address	MOUNT	<u>-,</u>				
3 Terri Lane						1123 BEAVE	RSTREET					
City, State, Zip Code						City, State, Zip C						••••••
Burlington Townshi	p. NJ 08016					BRISTOL, PA						
Project Manager for Monit			Te	lephone	No.	Telephone No.		License No.				
Brian Kearney				509-386		215-788-6040	)	00509				
Start Date (10)	Sched	luled Co		letion Da		Name of OSHA N	Monitor					
2 / 15 /	100			31 /		BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (Chec					Street Address		*				
□ Facility Closed/Vacated			2.00	ement		1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: 7:	Outside of Normal	Facility	Ho	urs - Des	cribe	City, State, Zip C	ode					
Scope of Work (Check all	that apply)					1						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Rer 図 Der				☐ Mini-End ☑ Gloveba	g Procedure	gative Pressure n-Friable Procedu	re			
		ls	Loca	ation					Ab	atem	ent T	ype
Location of Asbestos-Containing N TO BE ABAT IN Facility (13)	faterial (ACM)	Used Mai Custo	So nten dia (12			Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						Vince and a second		1
See attached												
								(*)				$\Box$
Name of Registered Waste	Hauler		T	NJDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill		L		Å
SERVICE TRANSPO	RT GROUP, INC	<b>:</b> .	- Workston	Hauler ID 20990		Waste 1000 Cu Yds	MINERVA					
City, State	2 1 7		à			Disposal Date	City, State					
NEW CASTLE, DE 19	9720					8/16/12	WAYNESB	URG, OH 44688	3			
Completed By (Print or Typ		eneral	Ma	nager		Signature	P	Da	ite 2//4	-/1	3	
						XXX	1 Myrego	ry/	7	1		

ASB-41 MAY 11 GI 13006

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Throughout		$\boxtimes \square$	n Floor Tile	67,282 SF		
Throughout		X E	Double Layer Tile	8,230 SF		
Throughout		$\boxtimes \Box$	Mastic	65,182 SF	N C	
Throughout ,		MIC	Transite Panels	214 SF	N C	
Roof			Transite Panels	3,080 SF	$\boxtimes$	
Roof			Built Up Roofing	1,584 SF		
Throughout			Triple Layer Tile	3,184 SF		
7 <sup>th</sup> Floor Mech Room			AHU Cork Sealant	750 SF	MI	
7 <sup>th</sup> Floor Mech Room			White Electrical Wire	30 LF		ITOIT
Sub Basement Mech Room			Boiler Door Refractory	100 SF	MIC	
Sub Basement Mech Room	$\boxtimes$		Steam Drum Insulation	400 SF		IIDIC
Sub Basement Mech Room			Heat Exchanger Insulation	25 SF		
Sub Basement Mech Room			Duct/Boiler Insulation	800 SF	MI	
Sub Basement Mech Room			Ceiling Plaster	1,400 SF		
Sub Basement Mech Room			Pipe Insulation	1,480 SF		
Throughout			Pipe Insulation	26,864 SF		
Throughout			Heat Shields	70 Ea		
		ПП	1			

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name o	f Building (	Owner/Operator (2	2)		0.00					
1 / 23 / 13			Rutgers University 2013 FEB 19 PH 2: 68										
Agencies Notified		-	City, Sta	Road 1 B ate, Zip Co	ldg 4086 de NJ 08854		Total Section 1. 1. 1. 1.						
□ DCA	uluunig	-		lame of Contact Telephone Number  Mike Smith									
			FAC	ILITY INF	ORMATION								
Name of Facility Where Abatement is Taking 15 Washington Street Street Address 15 Washington Street	Place (3	3)					school (K-12) Subchapter 8 Other (i.e., prinhomes, etc.)	Other than K-12) vate and commerci	al buil	dings	*		
City (5) New Brunswick						1	uare Feet 200,000+	# of Floors		g. Ag 0+	3		
County (6) Essex		Count	y Code (7)	(STATE USE ONLY)	Cu		r if being demolish	f being demolished)					
ATC	) [	0009		Name of Abatem BRISTOL EN									
me of Facility Where Abatement is Taking Place (3)  15 Washington Street  reet Address  15 Washington Street  ty (5)  New Brunswick  bunty (6)  Essex  ame of Monitoring Firm Hired by Building Owner (8)  ATC  reet Address  3 Terri Lane  ty, State, Zip Code  Burlington Township, NJ 08016  roject Manager for Monitoring Firm  Brian Kearney  tart Date (10)  2 / 15 / 13			Ť 22	Street Address 1123 BEAVER STREET									
City, State, Zip Code  Burlington Township, NJ 08016					City, State, Zip C BRISTOL, PA					o e sui assura	No communication		
	60	elephone No.         Telephone No.         License No.           609-386-8800         215-788-6040         00509											
					Name of OSHA I BRISTOL EN			., INC.					
			ment		Street Address 1123 BEAVE	ER S	STREET						
☐ Abatement Performed Outside of Norm	al Facility	Hou	rs - Des	cribe	City, State, Zip C BRISTOL, P								
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if					☐ Mini-En ☑ Gloveb	ag P	ure rocedure	ative Pressure	e				
		Loca							Ab	atem	ent T	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	d Sol inten	mally Solely by enance/ dial Staff?  12)  Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Sp. 12)						Removal	Repair	Encapsulate	Enclosure	
	Yes	No							-			<del> </del>	
See attached	10			-					12			닏	
			10	-	audure.					님		닏	
	10		14	10,01									
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, I	NC.		NJDEP Hauler I 2099	D No.	Cubic Yards of Waste 1000 Cu Yd	-		stered Landfill			L	1	
City, State NEW CASTLE, DE 19720	+		2033		Disposal Date 8/16/12		City, State WAYNESE	BURG, OH 44681	3				
Completed By (Print or Type)	itle Genera	al Ma	nager		Signature	f	0	/il	ite 2//	5/	13		

ASB41 GI 13006

Do not use this form for asbestos licensure exempted activities.

Throughout 9013FEB 19 PM 2:3	ΤО	M L	Floor Tile	67,282 SF			I
Throughout 90/37 CD			Double Layer Tile	8,230 SF	X		L
Throughout		$\boxtimes$	Mastic	65,182 SF	$ \boxtimes $		L
Throughout			Transite Panels	214 SF	$ \boxtimes $		L
Roof	$\boxtimes$		Transite Panels	3,080 SF	$ \boxtimes $		L
Roof	$\boxtimes$		Built Up Roofing	1,584 SF	$ \boxtimes $		L
Throughout		$\boxtimes$	Triple Layer Tile	3,184 SF	$\boxtimes$		
7 <sup>th</sup> Floor Mech Room	$\boxtimes$		AHU Cork Sealant	750 SF	$ \boxtimes $		E
7 <sup>th</sup> Floor Mech Room	$\boxtimes$		White Electrical Wire	30 LF	$ \boxtimes $		I
Sub Basement Mech Room			Boiler Door Refractory	100 SF			
Sub Basement Mech Room			Steam Drum Insulation	400 SF	$ \boxtimes $		
Sub Basement Mech Room			Heat Exchanger Insulation	25 SF	$\boxtimes$		
Sub Basement Mech Room			Duct/Boiler Insulation	800 SF	$\boxtimes$		
Sub Basement Mech Room			Ceiling Plaster	1,400 SF	$ \boxtimes $		I
Sub Basement Mech Room			Pipe Insulation	1,480 SF			
Throughout	П	MI	Pipe Insulation	26,864 SF	$\boxtimes$		I
Throughout	T	M	Heat Shields	70 Ea	$\boxtimes$		L

Date of Notification (1)	23 / 13			To seem of the seems	Building ers Uni	Owner/Operator (2 versity	)	2013 FEB 19			***************************************	***************************************
Agencies Notified	Type Notification			Street A				-0 , 9	PH	<del>)</del>	0	_
⊠ EPA	⊠ Initial			-		Bldg 4086	į.		4		Ċ,	
□ DOLWD   □   □   □   □   □   □   □   □   □				City, Sta								<b></b>
☑ DHSS	Amendment #2		3	1		NJ 08854			43	. Se 1.		
DCA (NJAC 5:23-8)	Emergency (in justification)	ciuaing			Contac			Telephone Numb	er			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Cancellation			Mike	Smith							
		-		FACI	LITVIN	FORMATION			-		-	
Name of Facility Where	Abatement is Taking	Place	(3)	170		TORMATION	Type of Facility (	4)				
15 Washington Str	and the second s	, , , , , ,	(-)			L Self Control	School (K-12					
Street Address							☐ Subchapter 8	(Other than K-12)				
15 Washington Str	reet						Other (i.e., pr homes, etc.)	ivate and commerc	cial bu	ildings	5,	
City (5)					<u> </u>		Square Feet	# of Floors	Tak	ig. Ag	А	
New Brunswick							200.000+	19		50+	•	
County (6)				Count	Code (7	')(STATE USE ONLY)		or if being demolisi				_
Essex				4 14-		,,,	University		,			
Name of Monitoring Firm	n Hired by Building (	Owner (	8)	ASCM N	0.	Name of Abateme						
ATC				00098		The state of the s	VIRONMENTAI					
Street Address						Street Address	***************************************	-,		***************************************		
3 Terri Lane						1123 BEAVER	RSTREET					
City, State, Zip Code						City, State, Zip Co						
Burlington Towns	hip. NJ 08016					BRISTOL, PA						
Project Manager for Mo	• • • • • • • • • • • • • • • • • • • •		Tel	ephone N	٥.	Telephone No.		License No.				
Brian Kearney	•			09-386-		215-788-6040		00509				
Start Date (10)	Sched	duled C	ompl	etion Date	(11)	Name of OSHA M	lonitor					
ONI HO.	LD			1 /	(%)	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status Durin	no Abatement (Chec	k only (	one)			Street Address						
☐ Facility Closed/Vaca				ement		1123 BEAVE	R STREET					
☐ Abatement Performe					ribe	City, State, Zip Co						
Time of Abatement:	7:00AM-4:00PM/_	Р	M	AM		BRISTOL, PA						
Scope of Work (Check	all that apply)						***************************************	······				*************
						100000	tainment with Neg	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>&gt;160 sf or ≥260 lf</li> </ul>		□ Re				☐ Mini-Enc ☑ Gloveba						
Z = 100 bi oi = 200 ii						and the second s		n-Friable Procedu	re			
		3	Loc						Ab	atem	ent T	ype
Locatio			Norm	ally lely by		Description of		10 82000 To 0 1000	D	D	m	m
Asbestos-Containing TO BE AB				nance/		estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	100
IN Fac	ility	Cus		I Staff?		surfacing, VAT	, or	SF or LF)	\S		)SU	Enclosure
(13)	) *	Yes	(12	1		other miscellane	ous)				ate	
000			EAC	J N/A					-	-	_	-
			1,-								П	
See attached				<u> </u>								
See attached											ш	Acres 1
See attached			+									П
See attached			+									
			+			C. bio Varda of	Name of Pagi	charad I madell				
Name of Registered WilseRVICE TRANSI			+	NJDEP V Hauler ID 20990	No.	Cubic Yards of Waste 1000 Cu Yds	Name of Regi	stered Landfill				
Name of Registered Wa	PORT GROUP, IN		+	Hauler ID	No.	Waste	MINERVA City, State					
Name of Registered WinsERVICE TRANSI	PORT GROUP, IN	0 0 0 0 c.	+	Hauler ID	No.	Waste 1000 Cu Yds Disposal Date	MINERVA City, State	LANDFILL BURG, OH 4468				

Date of Notification (1)	23 / 13				of Building g <mark>ers Univ</mark>	Owner/Operator (2	2012	EB 19 PH				***************************************
Acception Natified						Cisity		cg / 3 b#	2.			
Agencies Notified  EPA	Type Notification   ☑ Initial				Address		1		c. (.			
⊠ DOLWD	⊠ Amended				Road 1 B		1					:::
⊠ DHSS	Amendment #	1-1/25	/13		tate, Zip Co		₹6		14.			
☐ DCA	☐ Emergency (in				ataway, I	NJ 08854			2			
(NJAC 5:23-8)	justification)  Cancellation				of Contact Smith		21,00	Telephone Nur	nber —			
				FAC	ILITY IN	ORMATION		1_4		****	************************	***************************************
Name of Facility Where	Abatement is Takin	a Place	(3)		,, E	O MARION	Type of Facility	(A)			***************************************	Booksonsonsana
15 Washington Str			1-7				School (K-12					
Street Address		·					☐ Subchapter I	8 (Other than K-1				
15 Washington Str	eet						Other (i.e., p     homes, etc.)	rivate and comm	ercial b	uildin	gs,	
City (5)							Square Feet	# of Floors	I c	ldg. A		
New Brunswick							200,000+	19	6	60+	ige	
County (6)				Tour	ty Code (7)	(STATE USE ONLY)		ior if being demo	liched)	00+		
Essex				1000.	ty Code (r)	GIATE DOE ONE I)	University	ioi ii being demo	iisnea)			
Name of Monitoring Firm	Hired by Ruilding	Ounar	70\ T	ASCM	No.	Name of Abstance				-		
ATC	Trinea by ballang	OWITCE	(0)	0009	100	Name of Abateme						
Street Address				0003	0		VIRONMENTA	L, INC.			Julio - 22	
3 Terri Lane						Street Address						
						1123 BEAVE						
City, State, Zip Code	him 311.0004C					City, State, Zip Co						
Burlington Townsl			1			BRISTOL, PA	(19007					
Project Manager for Mor Brian Kearney	nitoring Firm		1	phone		Telephone No.		License No.				
		2 1 2 2		09-386	Contract Con	215-788-6040		00509				
Start Date (10) 2 / 6 /	1000			ition Da		Name of OSHA N BRISTOL EN	ionitor VIRONMENTA	L, INC.				
Occupancy Status Durin	g Abatement (Chec	k only	one)			Street Address						***************************************
□ Facility Closed/Vacat						1123 BEAVE	RSTREET					
☐ Abatement Performe	d Outside of Norma	I Facili	y Hou	rs - Des	cribe	City, State, Zip Co	ode	***************************************				
Time of Abatement:	7:00AM-4:00PM/_	F	M	AM		BRISTOL, PA	19007					
Scope of Work (Check a	ill that apply)							***************************************				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		- Comme	enovat emoliti			☐ Mini-End ☑ Gloveba	tainment with Ne closure g Procedure empted (*) and No		tura			
	-	1	s Loca	tion				T.	······	hater	nent 1	NA.
Location	n of		Norma	ally		Description of	of			1		
Asbestos-Containing			ed Sol aintena			stos Containing Ma	iterial (ACM)	Amount	Remoya	Repair	Encapsulate	Enclosure
TO BE AB				Staff?	(1.0.	<ul> <li>thermal systems surfacing, VAT</li> </ul>		(Specify SF or LF)	l ove	3	sde	US0
(13)			(12)			other miscellane		0, 0, 1,			lia.	6
		Yes	No	N/A			***					
See attached								1				
			$\Box$							t <sub>E</sub>		
		1-1	12	-						4		1
					1 10 10 10			es to the	L			
			1	-	1							
										1		
Name of Registered Wa	ste Hauler			NJDEP '	Waste	Cubic Yards of	Name of Regi	stered Landfill		-		
Name of Registered Wa				NJDEP Hauler I	D No.	Waste	MINERVA	stered Landfill				
SERVICE TRANSP				NJDEP	D No.	Waste 1000 Cu Yds	MINERVA				***************************************	Te. 000000000000000000000000000000000000
SERVICE TRANSP	ORT GROUP, IN			NJDEP Hauler I	D No.	Waste 1000 Cu Yds Disposal Date	MINERVA City, State	LANDFILL	88			10-300000000000000000000000000000000000
SERVICE TRANSP City, State NEW CASTLE, DE	PORT GROUP, IN	c.		NJDEP Hauler I	D No.	Waste 1000 Cu Yds Disposal Date 8/16/12	MINERVA City, State	BURG, OH 446				
SERVICE TRANSP	19720 Type) Tit	ic.		NJDEP Hauler I	D No.	Waste 1000 Cu Yds Disposal Date	MINERVA City, State	BURG, OH 446	888 Date/	5/1	3	

Throughout			Floor Tile	67,282 SF	$\boxtimes$		T
Throughout		$\boxtimes$	Double Layer Tile	8,230 SF	$\boxtimes$		T
Throughout			Mastic	65,182 SF	$\boxtimes$	ПП	TI
Throughout		$\boxtimes$	Transite Panels	214 SF	$\times$		TH
Roof	$\boxtimes$		Transite Panels	3,080 SF	$\boxtimes$		T
Roof	$\boxtimes$		Built Up Roofing	1,584 SF	$\boxtimes$		TO
Throughout		$\boxtimes \sqcap$	Triple Layer Tile	3,184 SF	$\boxtimes$		TO
7 <sup>th</sup> Floor Mech Room			AHU Cork Sealant	750 SF	$\boxtimes$		
7 <sup>th</sup> Floor Mech Room			White Electrical Wire	30 LF			
Sub Basement Mech Room			Boiler Door Refractory	100 SF	$\boxtimes$		T
Sub Basement Mech Room			Steam Drum Insulation	400 SF			T
Sub Basement Mech Room	$\boxtimes$		Heat Exchanger Insulation	25 SF			T
Sub Basement Mech Room			Duct/Boiler Insulation	800 SF	X		Ti
Sub Basement Mech Room			Ceiling Plaster	1,400 SF	$\boxtimes$		
Sub Basement Mech Room			Pipe Insulation	1,480 SF	$\boxtimes$		
Throughout			Pipe Insulation	26,864 SF	X		
Throughout		$\boxtimes$	Heat Shields	70 Ea			

2013 FEB 19 FIL 2: 6:8

Throughout		Floor Tile	67,282 SF	TM			
Throughout		Double Layer Tile	8,230 SF			H	<u> </u>
Throughout	in Min	Mastic	65,182 SF			닏	L
Throughout		Transite Panels	214 SF	X		4	L
Roof		Transite Panels	3,080 SF	X		-	L
Roof		Built Up Roofing	1,584 SF		H	H	-
Throughout		Triple Layer Tile	3,184 SF		H		4
7 <sup>th</sup> Floor Mech Room		AHU Cork Sealant	750 SF		-	H	-
7 <sup>th</sup> Floor Mech Room		White Electrical Wire	30 LF		H	H	H
Sub Basement Mech Room		Boiler Door Refractory	100 SF	TM	H	H	-
Sub Basement Mech Room		Steam Drum Insulation	400 SF	X	H	H	-
Sub Basement Mech Room		Heat Exchanger Insulation	25 SF		H	H	2000
Sub Basement Mech Room		Duct/Boiler Insulation	800 SF	Ø	H	H	-
Sub Basement Mech Room		Ceiling Plaster	1,400 SF	Ø	H	H	-
Sub Basement Mech Room		Pipe Insulation	1,480 SF	1	H	H	+
Throughout		Pipe Insulation	26,864 SF	X	H	H	H
Throughout		Heat Shields	70 Ea	N	H	H	+
				In	F	Ħ	

		(P	ursual	nt to NJ.	AC 8:60 and 5:1	6) (7)	1 F 2034	4			
Date of Notification (1)  1 / 23	/ 13			e of Buildir tgers Un	ng Owner/Operator liversity	(2)	Q# 2039		9	P	2.
Agencies Notified Type No  ⊠ EPA 6 3.5 2 □ Initial				t Address 7 Road 1	Bldg 4086	***************************************	* (		- 1		
☑ DOLWD 6338 ☐ Amer ☐ Amer ☐ Amer				State, Zip					1.		1 4
	ndment # gency (includin	-			, NJ 08854					~	
	cation)	g		of Conta			Telephone Num				
☐ Cano	ellation		1	ke Smith			reseptione Num	ber			
			FA	CILITY II	NFORMATION		1			***************************************	h
Name of Facility Where Abatement	is Taking Plac	e (3)			·· O.C.	Type of Facility	(4)				
15 Washington Street						School (K-12	7				
Street Address				-		Subchapter 8	Other than K-12	2)			
15 Washington Street						Other (i.e., pi homes, etc.)	rivate and comme	rcial b	uildin	95,	
City (5)		***************************************	***************************************		***************************************	Square Feet	# of Floors	To	Ido A		PRODUCTION
New Brunswick						200,000+	19	1	ldg. A 60+		
County (6)		***************************************	Cou	nty Code (	T)(STATE USE ONLY)		or if being demoli:	shed)			ST-PORT COMMAND
Essex						University	and animon	31160)			
Name of Monitoring Firm Hired by I	Building Owner	(8)	ASCM	No.	Name of Abatem	4					
ATC			000	98	The second secon	VIRONMENTAL					
Street Address					Street Address			***************************************			
3 Terri Lane					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip C	ode					
Burlington Township, NJ 08					BRISTOL, PA	19007					
Project Manager for Monitoring Firm	1	Tel	ephone	No.	Telephone No.		License No.				
Brian Kearney			09-386		215-788-6040	1	00509				
Start Date (10)  2 / 6 / 13	Scheduled (		etion Da		Name of OSHA N BRISTOL EN	Ionitor VIRONMENTAL	_, INC.			***************************************	
Occupancy Status During Abateme  Facility Closed/Vacated During B			ement	***************************************	Street Address 1123 BEAVE	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				***************************************	***************************************
Abatement Performed Outside of	f Normal Facili	y Hou	rs - Des	cribe	City, State, Zip Co						
Time of Abatement: 7:00AM-4:	00PM/P	M	AM		BRISTOL, PA						
Scope of Work (Check all that apply	)					. 10001					
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>	□ Re				∐ Mini-Enc ⊠ Glovebar	Procedure	ative Pressure	re.			
		Loca							atem	ent T	· · · · ·
Location of Asbestos-Containing Material (A		Norma	ally elv by		Description o			-	-	_	T
TO BE ABATED	Ma	inten	ance/	Asbe (i.e	stos Containing Ma ., thermal systems	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	ova BVa	=	psu	DSur
(13)	Yes	No	N/A		other miscellane	ous)				late	(G)
See attached								-	-	_	_
								10		Ш	Ш
							-5-27-21-1-12-2				
								In	П	П	П
Name of Registered Waste Hauler	-	1	JDEP V	Vaste	Cubic Yards of	Name of Regist	lered Landfill	1	1	L	
SERVICE TRANSPORT GRO	UP, INC.	1	lauler IC 20990		Waste 1000 Cu Yds	MINERVA L					
City, State NEW CASTLE, DE 19720					Disposal Date 8/16/12	City, State	UDC ON MACO	- 1	-		
Completed By (Print or Type)	Title					TANTINESBI	URG, OH 44688				
Gino Pizzigoni	Genera	l Mar	nager		Signature	Pizzigin	e/il Dal	1e/23	//1	3	

Throughout			Floor Tile	67,282 SF				П
Throughout			Double Layer Tile	8,230 SF	X	H		1
Throughout		X C	Mastic	65,182 SF	×	H	H	+
Throughout		$\boxtimes$	Transite Panels	214 SF	18		H	Н
Roof			Transite Panels	3,080 SF	18			H
Roof	$\boxtimes$		Built Up Roofing	1,584 SF	Ŕ		H	H
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7 <sup>th</sup> Floor Mech Room			AHU Cork Sealant	750 SF	X			H
7 <sup>th</sup> Floor Mech Room			White Electrical Wire	30 LF			H	H
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Sub Basement Mech Room	IΜ		Heat Exchanger Insulation	25 SF		-		H
Sub Basement Mech Room			Duct/Boiler Insulation	800 SF		H	H	H
Sub Basement Mech Room			Ceiling Plaster			H		Ц
Sub Basement Mech Room		HIL	Pipe Insulation	1,400 SF			H	Ц
Throughout		Ø F	Pipe Insulation	1,480 SF				Ц
Throughout		MIL	Heat Shields	26,864 SF 70 Ea	IX			Ц

2013 FEB 19 PH 2: 68

,			1				ou and 5:10		2012				
Date of Notification (1)	23 /	13			e of Buildi I <b>tgers U</b> i	***	er/Operator ( tv	2)	2013 FEB 1	9			***************************************
Agencies Notified	Type Notific	ation			et Address		•			PA	4		
⊠ EPA	☑ Initial	auon			7 Road 1		4086		\$ //		<:	િક	
⊠ DOLWD		á			State, Zip		4000					-	
☑ DHSS	# Control of the Cont	ent #3-2/1			scataway		2254		***	-1/2	100		
⊠ DCA	☐ Emerger	ncy (includi	ng		e of Conta		0034		T-1				
(NJAC 5:23-8)	justificati  Cancella				ke Smith	1076.7			Telephone Nun	iber	8		
		***************************************		F#	CILITY	NFOR	MATION		L		***************************************		
Name of Facility Where /	Abatement is	Taking Pla	ce (3)					Type of Facility (	4)		************		
15 Washington Str	eet							School (K-12)					
Street Address								Subchapter 8					
15 Washington Str	eet							Other (i.e., pr homes, etc.)	ivate and comme	ercial bi	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ae	***************************************
New Brunswick								200,000+	19	1	60+		
County (6)	- onmouse - t o			Соц	inty Code	(7)(STATI	E USE ONLY)	Current Use (Pric	or if being demol	ished)			
Essex								University					
Name of Monitoring Firm	Hired by Buil	ding Owne	r (8)	ASCN	1 No.	Nam	e of Abateme	ent Contractor (9)					
ATC				000	98			VIRONMENTAL	INC.				
Street Address							t Address		, , , , , , , , , , , , , , , , , , , ,			-	
3 Terri Lane						11	23 BEAVE	R STREET					
City, State, Zip Code			•••••		***************************************		State, Zip Co						
Burlington Townsh	ip. NJ 0801	6					RISTOL, PA						
Project Manager for Mon	3.0		T	elephone	No		phone No.		License No.				
Brian Kearney				609-38			5-788-6040		00509				
Start Date (10)		Scheduled	Com				e of OSHA M		1 0000				
2 / 15 /				31 /				VIRONMENTAL	INC		1		.2
Occupancy Status During							et Address		,				
□ Facility Closed Vacate							23 BEAVE	CTDEET					
☐ Abatement Performed					scribe		State, Zip Co						
Time of Abatement: 7							State, Zip Ct RISTOL, PA						
Scope of Work (Check al	I that apply)				***************************************	_ br	USTUL, FA	19007					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	i indi appriy)		Renov	ration lition			☐ Mini-Enc ☑ Glovebag	g Procedure					
	····			41			⊠ Non-Exe	mpted (*) and Non	-Friable Procedu				
Location	of.			cation mally	***		~			Ab	atem	ent T	уре
Asbestos-Containing		11	sed S	olely by	Asb		Description o ontaining Ma		Amount	Re	Repair	E	En
TO BE ABA	TED	1		nance/ al Staff?		e., them	nal systems i	insulation,	(Specify	Removal	) air	Encapsulate	Enclosure
IN Facili	ty			2)			rfacing, VAT, er miscellane		SF or LF)	20		L S	ure.
(10)		Yes	s N	lo N/A	7	Otric	ii iiii300iiaii0i	003)				0	
See attached			1		1						$I_{m}$	П	
			+-								-		
			1							<u> U</u>	Ш	Ш	Ш
								***************************************					
			Ī	П					one de la constante de la cons	П	m	П	
Name of Registered Was	te Hauler			NJDEP	Waste	Cubic	Yards of	Name of Regist	ered Landfill	1-	1_	1	
SERVICE TRANSPO		P. INC		Hauler	D No.	Wast	e	MINERVA L					
		,		2099	0		00 Cu Yds						
City, State  NEW CASTLE, DE 1	10720						sal Date	City, State	IBC 011 4400	0			
							6/12	WALNESBI	JRG, OH 4468				
Completed By (Print or T	/pe)	Title			=		Signature	0:	1-2 D	ate /	1.	2	***************************************
Gino Pizzigoni		Gene	rai M	anager			Gene !	Tinzigon	1-11	2/10	2/1	10	

ASB-41 GI 13006

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Throughout	Floor Tile	67,282 SF	MIDIE	ПП
Throughout	Double Layer Tile	8,230 SF		III
Throughout	Mastic	65,182 SF	MITTE	
Throughout	Transite Panels	214 SF		IT
Roof	Transite Panels	3,080 SF		III
Roof	Built Up Roofing	1,584 SF		Ī
Throughout	Triple Layer Tile	3,184 SF		
7 <sup>th</sup> Floor Mech Room	AHU Cork Sealant	750 SF		III
7 <sup>th</sup> Floor Mech Room	White Electrical Wire	30 LF		IT
Sub Basement Mech Room	Boiler Door Refractory	100 SF		In
Sub Basement Mech Room	Steam Drum Insulation	400 SF		IT
Sub Basement Mech Room	Heat Exchanger Insulation	25 SF		一
Sub Basement Mech Room	Duct/Boiler Insulation	800 SF		一
Sub Basement Mech Room	Ceiling Plaster	1,400 SF		TH
Sub Basement Mech Room	Pipe Insulation	1,480 SF		TH
Throughout	Pipe Insulation	26,864 SF		In
Throughout	Heat Shields	70 Ea		直

7013 FEB 19 PM 2:00

	3		Rul	gers Un	9 Owner/Operator (2 iversity B / 9 p	14.							
Agencies Notified	n		Succi	Addiess	Bldg 4086	12:70	Ē				í		
☑ DOLWD     ☑ Amended       ☑ DHSS     Amendment			City, 8	State, Zip (	2010	34							
□ DCA □ Emergency   justification   □ Cancellation			Name	of Contacte Smith			Telephone Numb	ser					
			FA	CILITY IN	NFORMATION								
Name of Facility Where Abatement is Tak 15 Washington Street Street Address 15 Washington Street	ing Place	(3)					2) 8 (Other than K-12) rivate and commer						
City (5)					Y.,	Square Feet	# of Floors	Bk	ig. A	је			
New Brunswick						200,000+ 19 60+							
County (6) Essex			Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pr University	ior if being demolis	hed)					
Name of Monitoring Firm Hired by Buildin	) Owner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)	(9)						
ATC		Announcements	000	98	BRISTOL EN	VIRONMENTA							
Street Address					Street Address								
3 Terri Lane					1123 BEAVE	R STREET							
City, State, Zip Code					City, State, Zip Co								
Burlington Township, NJ 08016				-	BRISTOL, PA	19007							
Project Manager for Monitoring Firm			phone		Telephone No.		License No.						
Brian Kearney				0,088-	215-788-6040		00509						
Start Date (10) Sch	eduled C		tion Da		Name of OSHA N	tonitor VIRONMENTA	L. INC.						
Occupancy Status During Abatement (Ch					Street Address								
Facility Closed/Vacated During Entire			ment		1123 BEAVE	R STREET							
Abatement Performed Outside of Norm Time of Abatement: 7:00AM-4:00PM	nal Facilit	y Hour	s - De		City, State, Zip Co	ode				=			
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	Second .	novati molitic			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure	re					
, , , , A 10.50		Locat						Ab	atem	ent T	ype		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	(12)	ely by ince/ Staff?	(i.	Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A	-									
See attached	О		О										
B 4 50 00 00 00 00 00 00 00 00 00 00 00 00				2.0									
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP,	NC.	8 30	UDEP lauler l 2099		Cubic Yards of Waste 1000 Cu Yds	Name of Regi	stered Landfill  LANDFILL						
City, State NEW CASTLE, DE 19720					Disposal Date 8/16/12	City, State	BURG, OH 4468	8	-				
	itle				Signature		Da	-1- /	7				

ASB-41 MAY 11 G T 1300 6

\* Do not use this form for asbestos licensure exempted activities.

Throughout	IDIMID	Floor Tile	67,282 SF 🛛	
Throughout	THE REPORT OF THE PERSON OF TH	Double Layer Tile	8,230 SF	4141
Throughout		Mastic	65,182 SF	
Throughout	HIMIH	Transite Panels	214 SF	님님!
Roof	T A H	Transite Panels	3,080 SF	님님
Roof		Built Up Roofing	1,584 SF	누내님!
Throughout		Triple Layer Tile	3,184 SF	片님
7 <sup>th</sup> Floor Mech Room		AHU Cork Sealant	750 SF 🔯	-
7 <sup>th</sup> Floor Mech Room		White Electrical Wire	30 LF 🕅	
Sub Basement Mech Room	N D D	Boiler Door Refractory	100 SF 🕅	HHH
Sub Basement Mech Room	MININ	Steam Drum Insulation	400 SF 🕅	님님
Sub Basement Mech Room		Heat Exchanger Insulation	25 SF 🕅	님님!
Sub Basement Mech Room		Duct/Boiler Insulation	800 SF 🕅	님님
Sub Basement Mech Room		Ceiling Plaster	1,400 SF 🛱	片내내
Sub Basement Mech Room		Pipe Insulation	1,480 SF 🔯	ĦĦ
Throughout		Pipe Insulation	26,864 SF 🔯	거님
Throughout		Heat Shields	70 Ea 🛛	
-				

Date of Notification (1)				Name of	Building	Owner/Operator (2	)		Y - 1 3	,	W	
1 /	23 / 13			Rutge	ers Univ	ersity	2	013FEB 19			1 2	
Agencies Notified	Type Notification	-		Street Ad	dress	-	-	WHED 19	Du .			
⊠ EPA	Initial     Initial			#27 R	oad 1 B	ldg 4086			rm 2:	68		
Ø DOLWD	⊠ Amended	41051		City, Sta	te, Zip Co	ode	53.1					
☑ DHSS □ DCA	Amendment #1	sentiment from more recorder.	13	Pisca	taway, I	NJ 08854		3 1/				
(NJAC 5:23-8)	justification)	auumg	-	Name of	Contact		124	Telephone **		- Aw		
	☐ Cancellation		- 000	Mike	Smith				W)			
				FACI	LITY INF	ORMATION						
Name of Facility Where	Abatement is Taking	Place	(3)				Type of Facility	(4)				-
15 Washington Str	eet		S 5/				School (K-1					
Street Address							Subchapter	8 (Other than K-	12)	و مراد الما		
15 Washington Str	eet						homes, etc.	private and comm	ierciai bu	lullig:	»,	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	е	****
New Brunswick							200,000+	19		50+		
County (6)				County	Code (7)	(STATE USE ONLY)	and the second second	rior if being demo	olished)			
Essex						,	University					
Name of Monitoring Firm	Hired by Building (	Owner (	8)	ASCM N	o. T	Name of Abateme		)				_
ATC		= 7		00098		BRISTOL EN						
Street Address						Street Address		,				
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code			***************************************	***************************************		City, State, Zip Co			-			**********
Burlington Townsl	nip. NJ 08016				V (0)	BRISTOL, PA						
Project Manager for Mor			Tele	phone N	0.	Telephone No.		License No.		-		
Brian Kearney	•			9-386-8	92	215-788-6040	•	00509				
Start Date (10)		duled C	omple	tion Date	(11) ;	Name of OSHA N	fonitor .					
2/6/	13	5/	31	_ / _	13	BRISTOL EN	VIRONMENTA	AL, INC.				
Occupancy Status Durin	g Abatement (Chec	k only o	one)			Street Address						
□ Facility Closed/Vacai						1123 BEAVE	R STREET					
☐ Abatement Performe					ribe	City, State, Zip C	ode					-
Time of Abatement:	7:00AM-4:00PM/_	Р	M	AM		BRISTOL, PA	19007					
Scope of Work (Check a	il that apply)									*		
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>			novat moliti			☐ Mini-End ☑ Gloveba	closure g Procedure	egative Pressure				
						⊠ Non-Exe	empted (*) and N	Ion-Friable Proce				
			s Loca Norma						At	atem	ent T	ype
Locatio Asbestos-Containing		Use	ed Sol	ely by	Asbe	Description of stos Containing Ma		Amount	Ren	Repair	E	Enc
TO BE AB	ATED	1	inten	ance/ Staff?		., thermal systems	insulation,	(Specify	Remova	pair	l ag	Enciosure
IN Fac (13)		Cus	(12)			surfacing, VAT other miscellane	, or	SF or LF)	<u> </u>		Encapsulate	l e
(13)		Yes	No	N/A		Other miscentile	5043)				6	
See attached		$I_{I}$	П							tm		F
See attached		+=-							12	1	1	-
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	5 5 6 16							142				
						1000						
Name of Registered Wa	iste Hauler	1	1	NJDEP V	Vaste	Cubic Yards of	Name of Re	gistered Landfill		-	1	A
SERVICE TRANSF		IC.	1	Hauler ID		Waste	MINERY	A LANDFILL		1		
City, State				20990	-	1000 Cu Yds Disposal Date	City, State					
NEW CASTLE, DE	19720					8/16/12		BURG, OH 44	688			
		le		***************************************		Signature		-	Date/	,		
Completed By (Print or	1 4001											
Completed By (Print or Gino Pizzigoni		Gener	al Ma	nager		4.	P		1/25	5/13	3	

Roof	
Throughout  Roof  Roof  Roof  Built Up Roofing  Triple Layer Tile  Triple Layer Tile  Triple Layer Tile  Triple Cork Sealant  Triple Co	П
Transite Panels   3,080 SF   3   6   6   7   7   7   7   7   7   7   7	П
Built Up Roofing	
Throughout  Triple Layer Tile 3,184 SF  Thoughout Solution  Triple Layer Tile 3,184 SF  Tobustion  Tobustion  Triple Layer Tile 3,184 SF  Tobustion  Tobustion  Triple Layer Tile Solution  Tobustion  Triple Layer Tile Solution  Tobustion  Triple Layer Tile Solution  Tobustion  Triple Layer  Tobustion  Triple Layer  Tobustion  Tobustion  Tobustion  Tobustion  Tobustio	Ш
7th Floor Mech Room	
7th Floor Mech Room 7th Floor Mech Room	Ш
Sub Basement Mech Room  Sub Ba	ΠŤ
Sub Basement Mech Room  Sub Ba	ΠĨ
Sub Basement Mech Room  Sub Ba	İΠ
Sub Basement Mech Room Sub Basement Mech Room	ITT
Sub Basement Mech Room  Sub Basement Mech Room  Sub Basement Mech Room  Sub Basement Mech Room  Sub Basement Mech Room  Sub Basement Mech Room  Sub Basement Mech Room  Fipe Insulation  Pipe Insulation  1,480 SF  Throughout  Throughout  Heat Shields  To Ea	TT
Sub Basement Mech Room  Sub Basement Mech Room  Sub Basement Mech Room  Sub Basement Mech Room  Sub Basement Mech Room  Sub Basement Mech Room  Sub Basement Mech Room  Sub Basement Mech Room  Sub Basement Mech Room  Pipe Insulation  26,864 SF  Throughout  Heat Shields  70 Ea	III
Sub Basement Mech Room	T
Throughout Pipe Insulation 26,864 SF	TT
Throughout	111
	TT
	117
	1

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:46)

			(P	ursua	nt to NJ	AC 8:60 and 5:4	6)	2# 239	6					
Date of Notification (1)				Name of Building Owner/Operator (2)  Rutgers University  CL# 2396  PM 2: 68										
Agencies Notified  ☐ EPA 6 3.5 2 ☐ Initial ☐ DOLWD 6 3.3 5 ☐ Amended				Street Address #27 Road 1 Bldg 4086										
Ø DHSS 6345	Amenda			City,	State, Zip	Code	***************************************	9			-			
□ DCA		ency (including	,		The state of the s	, NJ 08854								
(NJAC 5:23-8)	justifica	tion)			e of Conta			Telephone Num	ber			-		
	ation		Mil	ke Smith										
		and the second		FA	CILITY I	NFORMATION					-			
Name of Facility Where A		Taking Place	(3)				Type of Facility							
Street Address 15 Washington Street							Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.)							
City (5)		1.4					Square Feet	# of Floors	TB	ldg. A	00			
New Brunswick							200,000+	19	-   "	60+	ge			
County (6)			-	Cou	nty Code (	7)(STATE USE ONLY)		or if being demolis						
Essex							University							
Name of Monitoring Firm Hired by Building Owner (8)				ASCM	No.	Name of Abatem	lame of Abatement Contractor (9)							
ATC				000	98	BRISTOL ENVIRONMENTAL, INC.								
Street Address						Street Address								
3 Terri Lane						1123 BEAVER STREET								
City, State, Zip Code						City, State, Zip Code								
Burlington Townsh	ip, NJ 0801	16				BRISTOL, PA								
Project Manager for Monitoring Firm Telepho					No.	Telephone No.	License No.					***************************************		
				09-386	-8800	215-788-6040	00509							
Start Date (10) Scheduled Completi						Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.								
Occupancy Status During	Abatement					Street Address		",				***************************************		
☐ Facility Closed Vacate				ment		1123 BEAVE	SCIPEL							
Abatement Performed Outside of Normal Facility Hours     Time of Abatement: 7:00AM-4:00PM/ PM-     PM					cribe	City, State, Zip Code BRISTOL, PA 19007								
Scope of Work (Check all	that apply)					BRISTOL, PA	13007							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		□ Re				☐ Mini-Enci	Procedure	ative Pressure	<b>1</b> 0					
ls Loca							1		Abatement Type					
Location Asbestos-Containing N TO BE ABA IN Facilit (13)	и) Use Mai	ntena	ely by ince/ Staff?		Description of stos Containing Mail stos Containing Mail stos Containing Mail storage of the sto	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
(.0)	Yes	No	N/A		other miscellaned				ate	1.0				
See attached														
						*		-	П	П	П	П		
	***************************************							***************************************	旨		] [			
				+					14	Ш	П			
Name of Registered Waste SERVICE TRANSPO		P, INC.		IJDEP V lauler ID 20990	No.	Cubic Yards of Waste 1000 Cu Yds	MINERVA L							
City, State NEW CASTLE, DE 19720						Disposal Date 8/16/12	City, State WAYNESBURG, OH 44688							
Completed By (Print or Typ Gino Pizzigoni	oe)	Title General Manager				Signature	Progresion	Lil Da	le/23	//3	3			

Throughout		$\boxtimes$		Floor Tile	67,282 SF	$\boxtimes$	П
Throughout		$\boxtimes$		Double Layer Tile	8,230 SF	$\boxtimes$	H
Throughout		$\boxtimes$		Mastic	65,182 SF		H
Throughout		$\boxtimes$		Transite Panels	214 SF	MIT	-
Roof				Transite Panels	3,080 SF	ØH	H
Roof	$\boxtimes$			Built Up Roofing	1,584 SF	ØIT	H
Throughout		$\boxtimes$		Triple Layer Tile	3,184 SF		F
7 <sup>th</sup> Floor Mech Room	$\boxtimes$			AHU Cork Sealant	750 SF		-
7 <sup>th</sup> Floor Mech Room				White Electrical Wire	30 LF		H
Sub Basement Mech Room	$\boxtimes$			Boiler Door Refractory	100 SF	X I	H
Sub Basement Mech Room	$\boxtimes$			Steam Drum Insulation	400 SF	N H	H
Sub Basement Mech Room			П	Heat Exchanger Insulation	25 SF	$\boxtimes$	H
Sub Basement Mech Room				Duct/Boiler Insulation	800 SF	$\overline{\mathbb{X}}$	H
Sub Basement Mech Room	$\boxtimes$			Ceiling Plaster	1,400 SF	ЮIП	F
Sub Basement Mech Room	$\boxtimes$			Pipe Insulation	1,480 SF		-
Throughout		$\times$		Pipe Insulation	26,864 SF	N H	F
Throughout		$\boxtimes$		Heat Shields	70 Ea	ЙI	H
						THIN	

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